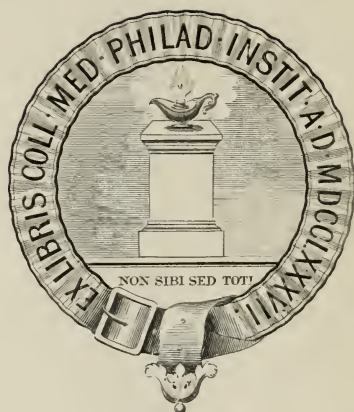




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THE

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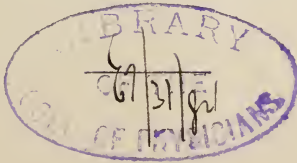
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Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

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## Original Communications.

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### IMPAIRED SIGHT AND ITS CAUSES.\*

BY E. WILLIAMS, M. D.

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Strictly, that which is and ever has been imperfect sight can not be called impaired so long as it remains the same. But imperfect as well as standard vision may be impaired by disease. The causes of such impairment are extremely numerous. We must exclude from the list such as are due to natural physical defects and to physiological changes from age. Anomalies of refraction, due to defects of form in the eye, will give greater inconveniences as we grow older and the tissues stiffen. Age, acting on all eyes, will tell much earlier and more seriously on persons with defective refraction. These are hyperopia and hyperopic astigmatism.

Such optical defects, if not excessive, so long as the lens is soft and yielding, may be overcome by exaggerated efforts of accommodation, and sight unconsciously kept at standard. But loss of strength from weakening disease, or paralysis of the ciliary muscle in diphtheria, or excessive close use of the eyes, will lead to sudden and great failure of vision. In congenital

\*Read before the Mitchell District Medical Society, Seymour, Indiana, December 28, 1883.



defects of refraction, not only reading power ceases, but sight becomes much worse even for distance. Convex lenses of adequate strength will restore perfection to both. With recovery satisfactory vision returns, and the glasses may be laid aside. In these anomalies, simple overuse of the eyes may lead to sudden failure.

In such event the eyes, previously good, suddenly let down, and become painful on close application. Persistence increases the pain and glimmering, and the patient is forced to stop, close and rub the eyes, and rest. In a few moments the print is again clear. But a return to study leads again and again to feelings of fatigue, pain, and dimness. The woe-be-gone feeling of the eyes, pain, spasm of the lids, redness of the conjunctiva will alarm the patient and compel him to quit school or close work. If the family physician sees evidences of *threatened amaurosis*—shuts the patient in the house, excludes light, and enforces the antiphlogistic regimen and treatment—a reign of terror is inaugurated that grows more terrible all the time. Should he diagnose granulated lids, and subject his victim to repeated blisters and cauterizations, he sets up a reign of rage. An intelligent recognition of the optical cause of the trouble, and a judicious use of correcting glasses are all that is needed.

Both accommodative and muscular asthenopia are common causes of trouble, and often of alarm, to both patient and physician. In all such difficulties, with the satisfactory use of the eyes, a discriminating diagnosis will save the patient much suffering, the attending physician much mortification, and the profession from the charge of ignorant cruelty to animals. The diagnosis of granular lids is very easy, but a persistent hyperemia of the conjunctiva may more readily be mistaken for chronic conjunctivitis. When rest of the eyes, avoidance of irregularities and exposures and mild local treatment fail to effect any improvement, the presumption is that some anomaly of refraction, or insufficiency of the internal or external recti muscles, is the secret of difficulty.

People are ever ready to take up a reference to optic-nerve



trouble, if the symptoms are painful, or paralysis of the optic nerve, if they are not; and physicians should be careful how they refer such asthenopic symptoms to such grave and alarming causes. Instead of optic neuritis and acute troubles of the retina being attended by pain, they are seldom, if ever, seriously painful, and direct paralysis of these parts is extremely rare.

The word amaurosis in pre-ophthalmoscopic times—used to designate all serious defects of sight from causes behind the lens—is now almost discarded by ophthalmologists. They use it only to indicate the very few cases of impaired or lost sight where neither the eye-mirror nor any other means can detect a lesion sufficient to account for it. Amaurosis and catarrh have been played upon, like a harp of a thousand strings, by the profession till people are frightened out of their senses when they hear the name. Of course the buzzards of our craft can scent such cases from afar and send them circulars, like the expert angler fastens the bit of red flannel on his hook and skips it so temptingly on the water.

Another popular error is that myopia is not a disease or the result of disease, and that it improves as the patient grows older. Nearsightedness is due to a permanent change of shape in the globe of the eye, and is sure never to grow better, but very liable to increase. Progressive myopia is a disease which is constantly liable to become complicated by choroiditis, corpuscles in the vitreous detachment of the retina, and many other serious troubles. The so-called second-sight is explained simply by the development of myopia in advanced years, and just in proportion as reading capacity, without convex glasses, is restored will the vision in the distance become more and more defective.

In testing for perfection of vision, the sight should, be tried first for distance—say fifteen to twenty feet. Snellen's test letters and types are so arranged that each line, at its given distance, is seen under an angle of one minute, that being adopted as normal vision. If No. 15 or No. 20 can not be read, in an average light, at fifteen or twenty feet, the degree of visual deficiency

may be determined and recorded at once. Each eye should be tried separately. In slight degrees of astigmatism, the vision is usually little, if any, below the standard; but in higher degrees the uncorrected sight is always very imperfect. With these persons no sphericals, positive or negative, can bring it up, but cylindrical lenses will help greatly. If the unaided sight is not normal and can not be made so by any glasses, we then begin the investigation for other causes. These preliminaries will enable you to understand what we mean by impaired vision and help in the intelligent study of its various causes. If the failure is sudden, and due to severe inflammation, its detection is usually easy. If very insidious in its development, a more careful and thorough examination must be made. It will help the study if we remember that sight may be damaged from disease in the the eye itself; from morbid changes in the optic nerve or tract connecting it with the brain; or from disturbances in the brain or spinal-cord, or both.

But, as I wish to adapt my paper to the practical wants of medical men, I shall confine myself to the discussion of a few of the commonest and often preventable causes of impaired or lost sight.

A man in promiscuous practice must know, at least, enough of eye diseases to detect their existence, and decide promptly if the case requires the skill of an expert. Otherwise those that trust him for advice may suffer irreparable damage. While the ophthalmoscope should be familiar to every physician as an instrument of precision in the diagnoses of other diseases than those directly involving the eye, there are many very common causes of damage to vision where it is not needed at all. In acute inflammation of the cornea and iris it is not necessary and its use often precluded. How often is iritis mistaken for *sore eyes*, and treated by heroic astringents till irreparable damage is done! The failure of diagnosis is here particularly unfortunate because irritating treatment aggravates and increases the danger. Then again valuable time is lost before proper treatment is instituted. *The danger* in all cases of acute plastic iritis is that the

iris will become agglutinated to the capsule of the lens, the pupil closed by false membrane, and all communication perhaps between the anterior and posterior aqueous chambers cut off. This extreme lesion can hardly fail to lead to other diseases in the future that will totally destroy sight. Prompt diagnosis and the energetic use of the sulphate of atropia from the very beginning will generally prevent such lesions. Of course, the constitutional state of the patient must be studied and treated, but the demand for promptness in the use of the local remedy is first. For the correct diagnosis of this disease, so easily managed in its first stages, the objective symptoms of extreme contraction of the pupil and its sluggishness to altered degrees of light, with the discoloration and loss of the natural fibrous and brilliant appearance of the iris, the more or less turbidness of the aqueous humor, and the crucial test for adhesions with the local use of atropine, are conclusive. Then, if you add the so uniform subjective symptom of severe pain in and especially around the eye, your decision is positive. A syphilitic history or rheumatic tendency, often present, only help to confirm. Of course some conjunctivitis will be present, but the primary and chief disease is in the iris, and that *only* needs intelligent recognition and treatment.

Inflammation of the cornea is also a very common source of impaired vision. The differential diagnosis is here extremely easy. Opacities from infiltration, abrasions of the epithelium, ulceration, vascularity, with great photophobia are the characteristic features. With the intolerance to light, we necessarily see weeping and spasmodic closure of the eyelids. In the phlyctenular keratitis of scrofulous children the photophobia is so intense and persistent that the objective examination of the cornea is very difficult. But it must be done. Astringents, often prescribed flippantly by the family physician, always do harm here also. If a solution of acetate of lead is used, indelible crusts will probably be added to the permanent opacity and impairment of sight.

Purulent conjunctivitis is a very common cause of damage

to sight. In the beginning even, the diagnosis is simple. But when the free suppurative stage sets in, he that runs may know the disease and its probable cause. This is strictly a self-limited disease. With decent care it always gets well, even without treatment. But the fact, never to be forgotten, is that the cornea is in imminent danger of destruction all the time it lasts. So *that* is the organ to rivet the attention of the physician. In adults, especially when gonorrheal, it is much more dangerous to sight than in infants.

It is the most acute and dangerous form of conjunctivitis, and yet only dangerous to the integrity of the cornea. In the immense majority of cases it is the result of contagion. The contagious principle is pus, and this is often secreted by an inflamed urethra. When that is the known source of the poison, it is properly called gonorrheal ophthalmia—self-inoculation by the fingers, in adults, and contact with the diseased secretions of the vagina, in the infant, is the ordinary solution of the problem. Still this disease may be, and sometimes is, the result of other intensified causes of conjunctivitis, as cold and exposure. This is particularly apt to be the fact where the eyes were already inflamed and perhaps granulated before the exposure. It is not scientific or charitable to assume that every person who suffers from purulent conjunctivitis must have contracted it from gonorrhea. Neither must it be inferred that the mother of every infant that becomes affected is the victim of criminal disease. A simple leucorrhea may be the cause of the contagion.

In a work just published, on "Blindness, Its Causes and Prevention," by Dr. Hugo Magnus, of Breslau, there is a graphic representation of the comparative frequency of blindness from different causes. It is based on the exact history of two thousand five hundred and twenty-eight cases of blindness in both eyes. Below the highest column stands blennorrhea neonatorum, nearly eleven per cent of the whole! The next highest is trachoma and blennorrhea of adults, about nine and one half per cent! Then follows glaucoma, 8.97 per cent; diseases of the cornea, 8.06 per cent, and so on. In view of these statistical



facts, confirmed by reports from the blind asylums of the world, what is the duty of the medical profession in the premises? To prevent the occurrence of purulent ophthalmia in grown people, and thus save sight, is not a promising field for benevolent work. Unless people could be radically reformed in their dirty and immoral habits, the sources of supply will continue to run on. As there are no alarming evidences in the existing state of society of the near approach of the millennium, neither is there any very hopeful prospect of the euthanasia which has been the hope of the medical profession for thousands of years. When that happy time comes, that the laws of health shall be fully understood and implicitly obeyed by every body, our calling will no longer be needed. The painful wail of the infant when ushered into the world will be replaced by a jolly laugh, and the death of the extremely old will be so natural that men will die naturally and easy! It will even be a pleasure to expire, as the new word indicates! But as yet there are still urgent calls for missionaries and for medical advice!

Our knowledge, however, enables us to prevent the most destructive disease to eyesight in infancy—that is ophthalmia neonatorum. For more than twenty years I have instructed my classes to have every new-born child's eyes immediately washed with clean, tepid water, before it is washed bodily. When the lids and brow are clean, a stream of tepid water must be passed through the eyes to remove every possible poison. If there is any suspicion of leucorrhœa in the mother, and still more so, if she is known to have gonorrhœal discharge, a two-grain solution of nitrate of silver must be dropped freely into the eyes after washing. The lids should be lifted from the ball, so that the solution comes freely in contact with the entire conjunctiva. It produces but little pain or reaction, and may be repeated twice a day for a couple of days in case of known danger. In most instances, one application is enough. Recent experiments of this kind, in large lying-in hospitals in different countries, have settled the question of thus preventing purulent conjunctivitis. If, as rarely occurs when these precautions are thoroughly car-

ried out, a case should develop, it proves very mild, and is easily cured. By such preventive measures, thousands of eyes may be annually saved from damage, and even total blindness. Prevention is certainly better than cure, but cure in these cases is almost certain by prompt and thorough treatment. I do not recall the loss of a single eye of an infant, in my experience of twenty-five years, when I saw it before the cornea was involved. Repeated cleansing of the eyes by opening them and mopping away the pus with dry absorbent cotton, and daily mild cauterizations with a ten-grain solution of nitrate of silver, overcomes this dangerous process in a few days, and greatly shortens the period of danger to the cornea. Great care should be taken to thoroughly evert the lids, and to protect the cornea from contact with the solution. After a few seconds the everted lids are freely washed off with tepid water. In the intervals, day and night, nothing is needed but frequent cleansing from matter, and a solution, once an hour, of biborate of soda.

The wash may be five grains to the ounce, freely dropped into the eyes after removing the pus. In adults, strict confinement to bed, ice compresses often changed day and night for a week or more, purgatives, leeches, free opiates at night, and a five-to-ten-grain solution of borax dropped into the eyes every hour, with atropine wash to relieve pain, are the best known means of saving the cornea. For the first few days, when the pain, phlegmonous swelling and heat are great, strong solutions of nitrate of silver to the everted lids are likely to do more harm than good. But this is not so in infants. In adults when there is profuse suppuration, after the acute period has somewhat abated, careful cauterizations will be tolerated and do great good. If a grown patient is seen, when but one eye is affected, the other may be successfully protected from contagion by hermetically sealing it up with cotton and collodion. This disease is much more dangerous in adults, and more refractory to treatment, than in the new-born. In all cases of purulent conjunctivitis, a *weak* solution of nitrate of silver, one or one half grain to the ounce, may be safely and frequently used as a wash, dropped freely into

the eyes every hour or oftener. In this strength it will hardly be felt, and can not injure the epithelium of the cornea. I am not at all sure that solutions of boracic acid, now so much in theoretical vogue, have any beneficial influence on conjunctivitis. The best that can be said of them is that they do no harm.

It is a great thing to be sure that ophthalmia neonatorum, the fell destroyer of the eyes of infants, can be prevented. Granulated eyelids, with their persistent and destructive relapses, may be prevented from spreading to others by careful isolation and cleanly precautions. Strict attention to the hygienic surroundings of such patients, to bathing, ventilation, change of clothing, exercise in the open air, diet, etc., with mild and prudent local treatment, will save many from life-long worryment and partial or total loss of sight.

Another frequent cause of impaired sight is glaucoma. Early diagnosis and prompt resort to surgical treatment, constitute almost the only hope of saving vision.

Eserine in solution, dropped into the eye twice a day, relieves the increased tension of glaucoma and sometimes, but rarely, effects a permanent cure. Atropine has the opposite effect, increasing intraocular tension and its dangers. Not infrequently an attack of glaucoma dates from the local use of this substance. In all cases where symptoms of glaucoma are present, or are feared, the use of atropine or other midriatics should be carefully avoided. Glaucoma is essentially a disease of advanced years. When it occurs before forty or fifty years, it is nearly always secondary to injuries of the eye, closed pupil from iritis, ulceration and perforation of the cornea with synechia anterior, luxated lens or some other lesion. Primary glaucoma is confined to old people, where the coats of the arteries and capillaries have lost their elasticity. While observers are still not at accord as to the pathology of this fatal disease, there is a general agreement as to the unmistakable symptoms and the necessity of a surgical operation for the sake of permanent relief of the increased tension. Without this, hopeless blindness is inevitable. The earlier a surgical operation, iridectomy

or sclerotomy, is resorted to, the better the chance of saving useful vision. In chronic glaucoma, with deep cupping of the optic disk, marked contraction of the field of vision and great impairment of sight, it will be better to refrain. Likewise in the most fatal form, hemorrhagic glaucoma, iridectomy is almost sure to cause the immediate loss of sight. Where the eye is already sightless no operation is justifiable except to relieve harrassing pain. Then a sclerotomy may be risked, but enucleation is safer and surer. Preparatory to the iridectomy eserine may be used for a few days, if the symptoms are not very urgent. If it contracts the pupil, with temporary benefit to vision, it not only facilitates the operation but increases its promise of success.

The two most common causes of impaired vision in advanced age are cataract and glaucoma. The moment such a patient applies for advice, one or the other or both of these diseases combined should be suspected. When tested for manifest hyperopia by convex glasses, without benefit to sight, the certainty of this opinion is greatly increased. Even without the ophthalmoscope, with the characteristic cupping of the optic papilla and spontaneous pulsations of the retinal arteries the differential diagnosis is not usually difficult. With cataract the pupil will be small and prompt in its response to light and dark. In glaucoma it is sure to be dilated and sluggish to the action of light, if it acts at all. In cataract the degree of impairment of sight is in proportion to visible alterations in the transparency of the lens. With glaucoma, this condition is reversed. The large sub-conjunctival vessels are dilated, tortuous, and inosculate freely around the margin of the cornea in glaucoma, similar to the varicose veins on the surface of the belly in abdominal dropsy. Besides the dilated and sluggish pupil, the iris is atrophied and changed in color from absorption of its pigment, in glaucoma. Then the most characteristic symptom is increased hardness of the eyeball. The educated fingers soon learn to detect this increased tension. In cataract the changes in the lens are directly visible, especially by the aid of oblique illumi-



nation, with the pupil dilated by atropine. In many cases of cataract the sight is improved by artificial dilatation. On the contrary, it is uniformly worse after the use of atropine, and often the pain and tension are alarmingly increased by it, with glaucoma. If both exist together, as they often do, the perception of light, projection, and sight, if any is left, are too much reduced to be due to simple changes in the lens. However mature the cataract may be, ready perception of light and quick judgment as to its direction, will always be found in simple cataract. In this functional test of the retina the room should be darkened and a lighted candle used. If it is quickly detected fifteen or twenty feet away, the light being alternately darkened and uncovered, there can not be confirmed glaucoma. In this investigation the eye not examined should be well covered; then, keeping the gaze fixed in one direction, the covered light is silently removed toward the different sides. When uncovered, he should be able to point to the light without turning the eye toward it. If he can do this readily in all visible parts of the field, his projection is good.

In the absence of these two evidences of functional activity in the retina, an operation for cataract would be inexcusable. But a few weeks ago a poor man with glaucomatous cataract was brought to me for operation by his physician. When led into the room with head up and eyes wide open, he was looking to heaven for light which he could not discern. Should cataract be taken for glaucoma, and an iridectomy made, the case is not damaged for final extraction; but the reverse, with advice to wait quietly till blind enough for operation, is a fatal mistake, and, in the present state of diagnostic science, unpardonable.

People of apoplectic habits, with atheromatous degeneration of the coats of the blood-vessels, sometimes find sight in one or both eyes suddenly failing. A general cloudiness of all objects, with floating shadows as the eyes are moved, coming on suddenly, indicates intraocular hemorrhage. Of course, the ophthalmoscope will be necessary for a critical examination and diagnosis. If the patient has had *causeless* ecchymosis under

the conjunctiva, or symptoms of vertigo and mental confusion, there is danger not only for sight but for life. Indeed, intra-ocular hemorrhages have often led me to fear apoplectic attacks, too often realized. In old people of full habit, even a sub-conjunctival hemorrhage, an occurrence harmless in itself, will lead an enlightened physician to adopt precautions against central and more serious trouble.

In endocarditis or arteritis, and in women exhausted by puerperal hemorrhage, a coagulum may drift into the main artery of the retina and cause instantaneous blindness. Recovery of sight after such accident is almost impossible. Neoplasms in the cavity of the cranium are often attended by great swelling of the optic papilla, usually in both eyes, tortuosity of the retinal veins, hemorrhages, and other important diagnostic symptoms. The sight is always somewhat impaired in such cases, but not necessarily in proportion to the recognized changes in the optic nerve and retina. In albuminuria the diagnosis is often made with the ophthalmoscope before the disease had been suspected from other symptoms. The changes in the region of the macula lutea in this disease are so peculiar as to be almost pathognomonic.

A woman advanced in pregnancy, who complains of failing sight, at once arouses suspicion of albuminuric retinitis. If the diagnosis is settled by the ophthalmoscope, that patient is in imminent danger of puerperal convulsions, and should be treated with the greatest promptness and skill. In order to cure or prevent, the physician must know. Early and intelligent recognition of disease, even if it is not preventable or curable, rightly gives confidence in the medical adviser. I have dwelt upon these few of the many causes of impaired vision, because they are the most commonly met with in general practice, and are often directly or indirectly preventable.

CINCINNATI, OHIO.

A KNIFE-WOUND OF THE INTESTINES—ABDOMINAL  
CUT ENLARGED—THE GUT SUTURED—  
RECOVERY.

BY W. O. ROBERTS, M. D.

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Mr. —, a stout man, aged fifty-four years, while in an altercation, August 28, 1883, was cut in the abdomen with a pocket-knife. The wound was on the left side and was three inches long—extending obliquely from a point three inches to the left of and two inches above the umbilicus. It had opened the cavity and penetrated the small intestine. A considerable knuckle of the gut at once protruded and there was much hemorrhage. The wound was dressed soon after by a physician who was near by. Dr. Turner Anderson, Mr. —'s family physician, now saw the patient, and had him removed to St. Joseph's Infirmary, where Dr. Palmer saw him with Dr. A. Considerable bleeding having occurred on the way and there being some bulging about the wound, I was sent for. It was quickly agreed among us that the sutures should be removed, the wound opened and the bleeding vessel sought for. Dr. D. W. Yandell was then added to the consultation, and concurring in our views, the operation was proceeded with. It was now midnight. The patient took chloroform. The sutures, which were found to embrace but the skin and superficial fascia, were removed, and the wound extended at its two ends so as to admit the hand freely. A large coagulum of blood was seen lying just underneath the abdominal walls. This was removed and the intestines carefully drawn out until the cut portion was brought into view, when it was found that, in addition to slitting the gut, the knife had penetrated the great mesentery in two places, each an inch in length. One of these was occupied by a clot and was not bleeding. In the other bleeding was going on rapidly from three small vessels. Catgut ligatures were immediately thrown around these, and the hemorrhage ceased.

The wounded bowel proved to be the jejunum, and, fortunately, was empty. The physician who first saw the patient had put interrupted sutures in the cut bowel, two in the larger and one in the smaller cut, but in neither was the opening closed. On removing the sutures one slit was found to be the size of a common lead pencil, the other that of a pea. Both extended into the gut. The knife had stripped off the serous coat of the tube over the space of an inch by one quarter of an inch, and this had retracted toward one of the lips and lay there.\* In this denuded area, from which blood oozed freely, were the two bowel cuts. I secured the lips of both these cuts and the wound of the serous coat with continued sutures of catgut. When completed it was found that the stitches had considerably diminished the caliber of the tube, but not, it was believed, to an extent which would interfere with its functions. The peritoneal cavity was now well exposed to view by the aid of a mirror and thoroughly cleansed with sponges made hot in carbolized water; the intestine was returned; the external wound was closed by deep sutures of silk carried through the parietal peritoneum and the more superficial surfaces approximated by sutures of horse-hair. A drainage-tube of gutta-percha was left in the lower angle of the wound, and the entire abdomen was covered by a thick layer of absorbent cotton which was secured in place by a broad flannel bandage. A quarter grain of morphia was given hypodermically, the patient placed in bed and surrounded by bottles of hot water. It was now one o'clock in the morning. The patient's pulse was 108 and temperature in axilla  $97.5^{\circ}$  Fah. He slept well for six hours. On waking his pulse was 102, temperature  $99.6^{\circ}$ , respiration 28; no pain, no nausea. Some bloody fluid had come through the drainage-tube, soiling the cotton over a space

\*I am aware that in all wounds of the kind I am describing, there is always considerable retraction of the peritoneal coat of the tube, giving the appearance to the underlying tunic of having been peeled; but the surface exposed in this case was so much larger than is usual, that I must believe the peritoneal coat had been more than simply cut, and that a portion of it had been actually dissected up by the knife. The medical gentlemen present concurred with me in this opinion.



as large as the hand. The soiled portion only was removed and replaced by fresh cotton, and the bandage reapplied. For five days the progress of the case was altogether satisfactory—the pulse falling to eighty, the temperature remaining under  $100^{\circ}$ , and a quarter grain of hypodermic morphia every four or six hours securing comfort and sleep. No fluid came any longer through the drainage-tube, and it was removed.

During this time no food whatever had been given. Water was allowed in small quantities, iced champagne when asked for, and crushed ice, of which he took a good quantity, *ad libitum*.

On the evening of this day—the 5th—the patient complained of nausea, and during the night vomited several times. The ejecta had a suspicious though not a positive fecal odor, but during the sixth day they became distinctly stercoraceous. The temperature, which had fallen to normal, and pulse were unchanged. On removing the dressing the abdomen below the wound was of normal fullness—above it was much distended and distinctly tympanitic. There was no tenderness except immediately about the wound, and there really only at the seat of the two upper deep sutures, at which several small abscesses had formed. The hypodermic morphia was changed to a suppository containing the same amount along with a quarter grain also of belladonna, used every four or six hours. In the evening a quart of soap-suds was thrown into the rectum, but soon came away, bringing no feces and but a small quantity of gas. Abdominal features remain unchanged. Patient complains of the fullness of the stomach, has constant nausea, great thirst, and vomits after drinking water, the ejecta being of a deep yellow color and distinct fecal odor. The night was passed much as the day had been. On the morning of the seventh day castor oil was given by the mouth, in order to determine, if possible, whether the intestinal tube was closed or not. Two hours after the patient had a small action in which the oil globules were plainly visible. A hot water enema was now given, which was soon followed by a

copious dejection along with much gas. The nausea and vomiting ceased at once—all abdominal distension subsided, and the patient said he “felt like a new man.” The sutures were now removed, the wound having closed except at the seat of the drainage-tube. In the line of two of the sutures, as I have stated, some suppuration had occurred and the little points continued to discharge matter for several days. Food was now given—first as milk, then as soup, etc. The bowels gave no farther trouble, and convalescence was rapid.

I think there can be little if any doubt that if the wound had been left as Dr. Anderson found it, the man would have died either from hemorrhage, peritonitis, or septicemia. The ligature saved him from the first danger, the sutures put in the gut averted the second, and the thorough cleansing of the cavity and the drainage-tube, prevented the third.

The sutures put in the bowel by the physician who first saw the case had failed of their purpose, and either opening still remained large enough to allow the escape of fecal and other matter into the peritoneal cavity. And few rules in surgery can now be considered as better established than that which declares that no wound, however minute, which opens a gut should be left unclosed. Professor Gross relates, in his monograph\* on Wounds of the Intestines, that in several of his experiments—on dogs—“death was produced, not from any undue injury inflicted on the bowel from stitching or any rough manipulation, but from the interval between the sutures being so great as to prevent the perfect closure of the wound; a fact,” he very pertinently adds, “which should never be lost sight of in the management of a lesion of this kind.” “I do not care, therefore,” he continues, “how small the wound may be, if it is only a line and a half, or two lines, in extent, it should by all means be sewed up.” In confirmation of this practice,

\*Nature and Treatment of Wounds of the Intestines. By Samuel D. Gross, M. D., Professor of Surgery, University of Louisville, 1843.

### *Knife-Wound of the Intestines.*

Dr. Gross quotes the following from Mr. Benjamin Bell: "However small a wound of the intestine may be, it ought always to be secured with a ligature; for although it is alleged by some that we should rather trust to nature for the cure of a small opening than to insert a ligature, to me it appears that the opinion is by no means well founded; insomuch that I would not leave even the smallest opening that could admit either feces or chyle to pass without stitching it up."

I have introduced the foregoing authorities in order that attention may be directed anew to the necessity for perfect closure of all wounds which penetrate the intestine—a fact which, as the case I have reported shows, is at least not always acted on; and that I may quote the following from the monograph of Dr. Gross referred to respecting the dilatation of the outer wound in order to facilitate the search for the injured bowel. Writing of wounds which penetrate or divide the gut and allow of the escape of feces, he says: "Here the most prompt and decisive measures must be resorted to, or the person will perish from peritoneal inflammation. . . . It will not do for the surgeon to fold his arms and look upon the scene as an idle and uninterested spectator. Far otherwise. He has a duty to perform, and that duty consists *in dilating the external wound, if it be not already sufficiently large, in hooking up the injured bowel, and in closing the solution of continuity with the requisite number of stitches, at the same time that the effused matter is carefully removed with tepid water and a soft sponge.*" The italics are my own. What Dr. Gross suggested, now more than forty years ago, as applicable to extensive wounds of the gut has, as is well known, recently been widened so as to embrace all penetrating injuries of the bowel, but the honor belonging to the entire procedure is now claimed by others.

I submit that it belongs to Dr. Gross.

LOUISVILLE, KY.

## EXTRACTUM PANCREATIS IN TYPHOID FEVER.

BY FRANK C. WILSON, M. D.

*Professor of Physiology in the Hospital College of Medicine, Louisville, Ky.*

In typhoid fever, more than in any other disease, do the indications point clearly and emphatically to the most careful dietetic management of the case from the beginning to the end of it. The debilitating effect of the continued fever, protracted through a period of four or six weeks and sometimes even longer, must be combated in every possible way, and yet without adding to the danger of loading the intestines with undigested food, of itself a source of evil and discomfort. Only that which is absorbed and assimilated is of real service to the system. In the enfeebled condition of the digestive organs very little of the food taken into the stomach can or will be digested, but passes down through the intestinal tract in a constantly fermenting state, thus adding to the discomfort by the increasing flatus, and over the inflamed and ulcerated Peyer's patches, producing possibly hemorrhage, or even death, by perforation. The great danger from this source has led some eminent physicians to advocate even total abstinence from food, confining the patient strictly to water, even for three or four weeks. If, however, food can be so thoroughly digested, before being taken into the stomach, that all will be readily absorbed and assimilated, leaving no residue, the indications will be fulfilled. Milk is the article of diet usually relied upon for feeding typhoid-fever patients, but even when the digestive organs are in a healthy condition it coagulates into a mass of curd as soon as it reaches the stomach. This hard mass has then to be digested and disintegrated before being absorbed. If this fails to be accomplished by reason of the small quantity or poor quality of the digestive fluids, the irritating mass passes down through the intestines, a constant source of annoyance and danger. This may all be obviated by digesting the milk with the pancreatic extract, as prepared by Fairchild Bros. & Foster, of New York. Milk so



treated can not be coagulated by even the strongest acids, its casein being transformed into peptone and in a condition to be at once absorbed and assimilated. There is noticeable a slight bitterness, to which the patient soon becomes accustomed, so that it is taken readily and produces no discomfort. Even this bitter taste may be avoided by stopping the process of digestion before it is entirely completed. It has been found by experiment that the objectionable taste is only developed when the casein is entirely peptonized. It is scarcely ever necessary to carry the artificial digestion quite so far, and when stopped at any point before completion the taste is perfectly natural. If immediately placed on ice, it can be kept as long as simple undigested milk. The ferment of the pancreatic extract is held in a latent condition, and when taken into the intestinal canal may still further aid in the completion of the digestive process.

To avoid the possibility of the patient becoming tired of the same article of diet day after day, its form of administration may be varied in a number of ways. As the casein is peptonized, and can not be coagulated by even the stronger acids, the milk so prepared can be utilized in making milk punch. This can be flavored with lemon-juice or any other acid desired. Thickened with gelatine, sweetened and flavored, it forms a delicious milk jelly suitable for convalescent patients and grateful to the taste.

During the past two years I have met with many instances in which the use of the pancreatic extract has yielded the most gratifying results. Not alone in typhoid fever is it useful, but in all instances where the digestion is enfeebled, or where it is interfered with by the presence of ulcerated or inflamed surfaces, the process of peptonizing the food will be found of service. In rectal alimentation its importance is manifest, the food so prepared being readily absorbed and appropriated without inconvenience or irritation. I have sustained patients with gastric ulcer entirely by nutrient enemata twelve or fourteen days. In this time the ulcer will be entirely healed so as to allow the cautious administration of peptonized milk in gradually increasing quantity, until a full meal can be taken.

To Dr. Roberts, who first suggested the importance of peptonizing the food, and to the Fairchild Bros., whose pancreatic extract enables us to so readily and thoroughly accomplish it, the profession owes an everlasting debt of gratitude, echoed by many patients whose lives have been saved by its use.

LOUISVILLE, KY.

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## REPORT OF A RARE FORM OF OBSTRUCTED LABOR.

BY JOHN A. OCTERLONY, A. M., M. D.

*Professor of Obstetrics and Diseases of Women and Children in the Medical Department of the University of Louisville.*

Mrs. J., aged forty-two, remarkably well developed and muscular. She had already given birth to eleven children. Her labors had always been short and easy, and she had ever been strong and healthy. Her last menstruation occurred in the latter part of April the preceding year. She was even certain as to the period of quickening. Her present pregnancy was rendered very uncomfortable, and at times painful, by great swelling of the lower extremities, which also soon became the seat of marked and extensive varicosities. Some weeks prior to the expected time of labor, she had a severe attack of general bronchitis of both lungs, from which she had just recovered when labor set in. During this illness, which confined her to bed for some time, there was not much improvement in the varicosity of the lower limbs. This was explained by the great impediment to the return of venous blood caused by the bronchial inflammation and the frequent and severe paroxysms of cough.

At midnight on the 22d of January past I was summoned to her house, and was told she was in labor. On my arrival, the os uteri was found very high up, and but slightly dilated, the amnion not yet ruptured, and the bag of waters just beginning to form. The pains were regular, but not expulsive.

The lower limbs were much swollen and varicose. The labia majora were a good deal larger than normal, and, owing to vari-

cosity, felt under the finger as if they contained bundles of large worms. In the course of two hours the os was found more dilated, and the bag of waters formed. The head presented in the left occipito-anterior position.

The pains had become strong and regular and quite frequent, but the head had made no progress. With each pain the labia became more and more turgid, and the veins of the vagina felt large and cordlike. The passages continued moist and free from heat. The mother's strength remained good.

At noon the bag of waters broke; the head was fully flexed, but rotation had not been completed. The labia had now increased so much that each was the size of my fist, and the canal of the vagina had been so much encroached upon that its caliber was much diminished. With each pain more blood was forced into these parts. The distension steadily augmented in spite of the support given by means of the hand holding a folded towel and steadily pressed against the labia during each pain.

The uterine contractions were still strong and regular. That the labor did not progress was evidently not due to failure of expulsive force but to obstruction to the passage of the fetal head, caused by the enormous varicose swelling of the vagina and vulva. At two o'clock P. M. the fetal heart was heard, quite distinct and regular, about 130, but the head had made but little progress and was still encircled by the fully dilated cervix. The mother's strength, however, began to flag, her spirits drooped, and the pulse became frequent and small. Further delay seemed dangerous. The veins, distended to the utmost, might at any moment give way in some place, and the risk of a thrombus would thus be incurred. That this is not trifling is shown by Blot, who found that out of nineteen cases five proved fatal, and that all the children of the mothers who died were still-born. Even if no obstruction had existed, the general condition of the patient was such as to demand immediate relief. The obstruction so encroached upon the vulva and vagina that it was with difficulty the hand could be passed up for the introduction of the blades of the forceps. Its application was somewhat diffi-

cult, but was at last accomplished. The blades entered the uterine cavity. I proceeded to extract slowly, making counter-pressure, at the same time causing counter-pressure to be made upon the varicose external parts. Delivery was completed without much trouble or loss of time. The child, a male, was not above the average size and was alive and in good condition. The placenta was delivered in a few moments. No injury occurred to the maternal parts. The enlargement of the labia and vagina rapidly subsided after the child had been born, and by the third day there was hardly any swelling left; in a week it had entirely disappeared. The mother made a good recovery and the child lived and did well.

Edema of the labia and vagina is occasionally so great as to impede labor, and this is generally mentioned by obstetric writers as one of the causes of dystocia. Thrombus of the vulva sometimes occurs, and may constitute an obstruction to the passage of the child. It does not, however, appear to be associated with marked varicosity, but to have been produced by the bursting of a vein under extreme blood-pressure during the pains. Such excessive varicosity as to constitute a formidable obstruction to the progress of labor must be quite rare. I can not recall any mention of such a case either by systematic writers or in periodical literature.

In the above case the woman would have sunk into powerless labor and exhaustion had she not been delivered by art. It is also probable that if the labor had been more protracted the child would have been born dead. The most imminent danger in such cases as this is probably thrombus. The treatment which I would adopt in a similar case would be, (1) To give steady support to the varicose parts by means of a properly folded towel pressed firmly against the labia both during and between the pains. This should be done in order to prevent further swelling and to guard against thrombus. (2) To deliver early with the forceps if the varicose enlargement appeared to offer marked obstruction to the progress of the fetal head.

LOUISVILLE, KY.



## Reviews.

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### **A Practical Treatise on Materia Medica and Therapeutics.**

By ROBERTS BARTHOLOW, M. A., M. D., LL. D., Professor Materia Medica and General Therapeutics in the Jefferson College of Philadelphia, etc. Fifth edition, revised and enlarged. 1 vol., 8vo, pp. 738. New York: D. Appleton & Co.

This edition is larger than its predecessor by about one hundred pages, and has been adapted to the official standard of the last edition of the United States Pharmacopeia. In its present form it is one of best text-books extant, and fully deserves the fullest meed of professional favor.

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### **A Manual of Pathology.** By JOSEPH COATS, M. D., Pathologist to the Western Infirmary and the Sick Children's Hospital, Glasgow, Lecturer on Pathology in the Western Infirmary, Examiner in Pathology in the University of Glasgow, etc. 1 vol., 8vo, pp. 318. With three hundred and thirty-nine illustrations. Philadelphia: Henry C. Lea's Son & Co. 1883.

The author regards the aim of pathology to be the elucidation of the actual vital processes of disease. His object has been to give something more than pathological anatomy or general pathology. In order to do so, he considers etiology, anatomy, and general pathology together, in order to form a general conception of each morbid condition, and he expresses the belief that in so doing the subject gains in interest and intelligibility.

This is the most thorough and complete treatise on pathology of purely British origin. While limited time and space forbid an extensive analysis of the work, the perusal of it even in

a cursory manner must impress the reader with its excellence. Indeed it is a pleasure to be able to present its high claims to professional favor and patronage. The paper, printing, and binding are excellent, and combine to make an exterior worthy of the contents.

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**The Pathology, Diagnosis, and Treatment of Diseases of Women.** By GRAILY HEWITT, M. D., London, F. R. C. P., Professor of Midwifery and Diseases of Women, University College, and Obstetric Physician to the Hospital, etc. A new American from the fourth revised and enlarged London edition. With two hundred and thirty-six illustrations. Edited, with notes and additions, by HARRY MARION-SIMS, M. D., Attending Surgeon to St. Elizabeth's Hospital, New York, etc., in two volumes. First volume, 469 pages; second volume, 561 pages.

Dr. Hewitt's work needs no introduction to the medical profession of America. It has been long and favorably known, and has had for a good many years a wide circulation in this country. It is, therefore, with satisfaction we welcome this fourth edition, the preface of which bears the date of hardly more than a year ago. This American edition has had the advantage of revision by Dr. Harry Sims, who is admirably qualified for this responsible task, which he has performed in a manner which must be most gratifying to the author, as it is creditable to himself, and his judicious and timely and not too numerous notes certainly add to the value of the book. Dr. Hewitt has furnished not only a treatise setting forth the present state of gynecology, but he also advances his own views on important topics in a clear, forcible, and thoroughly practical style. Bermingham & Co. offer this work at the very low figure of \$4.50. The typography is excellent, the volumes are neat and attractive.

## **Clinic of the Month.**

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EXTROPHY OF THE BLADDER—GRANULATING FLAPS EMPLOYED TO COVER THE EXPOSED VESICAL SURFACE.—Sir William MacCormac during his visit to Kentucky, in October last, did the first step of the operation now described, before the Medical Class at the University of Louisville, on a boy three years old, a patient at the University clinic. The following account of the entire procedure in such cases is taken from a paper contained in Volume X, 1879, of St. Thomas's Hospital Reports. After reporting a case in which the result was most satisfactory, the author says:

“With the object of covering the exposed vesical surface I made the incisions so that two flaps of skin and subcutaneous cellular tissue were raised from the subjacent aponeurosis in a bridge-like fashion, leaving each attached above and below for the purpose of blood-supply. One flap only should be made at a time, the second being mapped out and dissected up in a similar fashion when the first has thoroughly healed in its new position on the completion of the second step of the operation. In the course of three weeks the flaps become thick and vascular, and the under surface granulates. This must be kept separated from the granulating surface on the abdominal wall by strips of oiled lint interposed between.

“In slighter cases one flap may suffice, but usually two are needed. Each one should be cut as broad as the entire vertical depth of the exposed surface to be covered, and one third longer than the total width of the exposed mucous surface, in order to make a sufficient allowance for contraction. When the allotted interval has elapsed the flap is divided obliquely at its upper extremity, laid transversely across the exposed mucous membrane, and attached by a sufficient number of sutures at the

opposite side to a raw surface purposely prepared to receive it. This is done first with the flap on one side, and then, after a sufficient interval, with that on the other.

“In my patient I used the flap from the left side to cover the lower half, and made it in the following manner, the details mentioned being of importance: The internal incision should follow the inner margin of the displaced rectus muscle and run close to the edge of the exposed bladder, curving round its lower margin to the root of the penis. The external incision runs parallel to the first at the distance already mentioned. Great care is required in raising up the inner margins of the flaps lest the peritoneal cavity be opened, and any margin of skin remaining should be carefully removed. Care must also be taken not to open into the inguinal canal, which is often enlarged, and usually contains a hernial protrusion, or to expose the testes.

“The flap so raised contains every thing from the skin to the aponeurosis, and it is allowed to remain attached at each extremity by a broad bridge of skin. There is thus no risk to its vitality, and by the time the second stage of the operation is reached it has doubled or trebled in thickness, so that after three weeks the flap will have become so thick and vascular that there is no tendency to slough whatever after its partial separation. It may now be safely severed at its upper extremity obliquely from within upward and outward, as indicated by the dotted line, and then laid transversely across the lower part of the exposed bladder, and sutured to the opposite margin after paring the edges of contact. The lower two thirds of the vesical mucous membrane were now covered in this way. This flap I also united at once to the glans penis, whose upper margin was split open for the purpose of receiving it; but in some cases it is better to make a roof for the urethra by transposing the foreskin from below as a species of bridge across the urethral groove, and uniting the upper margin of this to the lower border of the flap at a later period, or a urethra may be formed by a special operation for the purpose.



"As soon as any fistulæ which may remain are closed the next stage of the operation may be proceeded with, which consists in utilizing the flap from the opposite side to close in the upper part of the bladder. This is made in a similar way to the first, only that the inner extremity terminates at the upper point of attachment of the first flap; and at the same time the skin should be raised in the median line carefully for a distance of three quarters of an inch along the upper margin of the bladder.

"After a similar interval of three weeks has elapsed this second flap is cut obliquely at its upper end and turned across the upper part of the bladder. The adjacent margins of the two flaps are then pared and united together by sutures, while the upper margin, also pared, is united to the pared edge of the central small flap of skin, which has become thick and vascular in the interval. In this way the whole of the bladder surface will be recovered and protected.

"Professor Thiersch allows a year as the period needed for the completion of the various steps of his method of operating.

"By means of a pad pressing upon the meatus a certain quantity of urine can be retained, and by degrees the flaps of skin will yield somewhat so as even to permit a certain quantity of urine to accumulate.

"An operation of this kind appears to me obviously preferable to any of those where the skin surface is turned toward the bladder; no known means completely prevents the hair-growth, and on each hair phosphatic deposits take place.

"That healthy urine does not appear to interfere injuriously with the healing process was very evident after most of the operations performed on this boy, the edges united by first intention as easily as in a wound of the face; and we see the same after operations for vesico-vaginal fistula, as, in a word, urine has no prejudicial influence whatever on granulating surfaces.

"The employment of granulating flaps is of great importance in various plastic operations, and in none does it seem more likely to prove useful than for remedying such a defect as extroversion of the bladder."

A NEW OPERATION FOR THE REDUCTION OF CHRONIC INVERSION OF THE UTERUS.—B. Bernard Browne, M. D., writes, in the *New York Medical Journal*, as follows: After devoting a considerable amount of time to the study of the different methods of replacing a complete inversion of the uterus of long standing, and appreciating the difficulties and dangers attending the operations already devised, I concluded to adopt a new procedure in a case which resisted many of the methods referred to. The simplicity of the operation, and the ease and success with which it was performed, led me to suggest it as one to be considered in all difficult cases. The problem to be solved is, how to get the fundus back through the rigid and constricted cervix.

The injuries which frequently result from prolonged taxis, such as rupture of the vagina, rupture of the uterus, peritonitis etc., are well known. Repeated failures at reduction have occurred to the most skillful operators. Up to this time Thomas's method, which consists in abdominal section over the cervical ring and dilatation from above, has been the only one that could be said to be absolutely sure of accomplishing the replacement in cases which had resisted the other plans—such as the rapid reduction by taxis; Noeggerath's method of indenting one horn of the uterus and reinverting it first; Courty's method of passing two fingers into the rectum and dipping them into the cervical ring, with counter-pressure upon the fundus; Emmet's plan of receiving the fundus in the palm of the hand and spreading the fingers out in the vagina, with counter-pressure from above; or the very excellent and successful method of Dr. I. H. Tate, of Cincinnati, which consists in holding the cervical end of the uterus firmly between two fingers in the rectum and one in the bladder, while the thumbs press upon the fundal extremity.

The patient upon whom I operated presented the following history: Mrs. I., aged twenty-eight, white, married ten years, has had two children, the youngest six years of age, and has had no miscarriage since. She is a large, stout woman, with thick abdominal walls, weighs about two hundred pounds, and

has all the appearance of perfect health. Three months after her last confinement she had a severe hemorrhage from the vagina upon rising in the morning. She laid at the point of death for nine weeks, and since then has been unable to be out of bed for more than two or three weeks at a time, suffering at intervals with hemorrhages, which have lasted from two to four weeks. She has had to be extremely careful in her movements at all times, for fear of bringing on a hemorrhage. Her attending physician had made the diagnosis of "bleeding tumor of the uterus," and offered from time to time to remove it, which, fortunately, was not done. In March, 1883, she came under my care, and was examined under an anesthetic. The diagnosis of chronic inversion of the uterus was made. A prolonged effort at reduction by taxis did not succeed in restoring the uterus, but a profuse hemorrhage was excited by the manipulations, and the vagina had to be tamponed with cotton saturated with dilute Monsel's solution. A short time afterward another ineffectual effort at reduction was made. Then continued pressure with Gariel's air-pessary was resorted to, and used for six weeks, followed at the end of that time by another ineffectual effort at reduction by taxis. In October she came into the Woman's and Child's Hospital, where I made another attempt at reduction, trying Noeggerath's and Courty's methods, but again with failure. The os could be plainly felt through the rectum, but the cervix was so firm and unyielding that it could not be made to dilate.

On November 2d, the bowels and bladder having been evacuated, she was placed under ether, the inverted fundus was drawn outside the vulva with a strong vulsella forceps, the openings of both fallopian tubes were brought plainly into view, and an incision one inch and a half in length was made through the posterior portion of the uterus (avoiding the fallopian tubes and larger vessels at the sides of the uterus). Through this incision Sims's large dilator was passed up into the cervix and expanded to the fullest extent; the rigid tissues of the cervix were felt to relax; then, upon withdrawing this dilator, Nos. 2 and 3 of

Hanks's hard-rubber dilators (three fourths and one inch in diameter) were passed through the cervix. The finger was also passed to feel that there were no adhesions. The incision in the uterus was then sewed up with carbolized silk-worm gut, and, with slight manipulation, the fundus was easily replaced through the now passable constriction.

The whole operation was performed in less than thirty minutes. There was considerable hemorrhage from the uterine cavity when the uterus was first replaced. On the next day the temperature was 102° Fahr., but gradually returned to the normal condition, which it reached on the fourth day. During the first week she complained of severe pain in the uterus, but this was controlled by full doses of opium. She was placed upon the table and examined on the 14th (twelve days after the operation). The cervix was somewhat patulous, but, with this exception, the parts were all in a normal condition.

*Conclusions:* (1) This operation is not proposed to supersede ordinary taxis in the reduction of chronic inversion of the uterus. (2) It is not more dangerous, but much more certain, than prolonged or rapid taxis. (3) We avoid the danger of bruising the tissues and rupturing the vagina. (4) As an operation for inversion, it is less dangerous than laparotomy. (5) Unless there be adhesions (which rarely exist), we can always feel certain of reducing the inversion at one operation.

OPHTHALMOLOGICAL METHODS IN PARIS.—The Paris correspondent of the *Orvosi Hetilap* writes that the most eminent representatives of ophthalmological science in the French capital are foreigners of German, Polish, or Greek extraction. Among these he considers Dr. Meyer to be rather conservative. Dr. Gabrowski, who has the largest *clientèle*, is very fond of abstractions of blood. He orders leeches freely in different forms of conjunctivitis. He treats phlyctenular ulcers of the cornea by instillations of pilocarpin. For cataract he employs the old flap operation, without iridectomy, having entirely discarded Von Graefe's method. He uses the latter's knife, however, and



makes the flap upward. He has made a series of about ninety of these flap operations, but has not yet published the results. De Wecker performs keratotomy for *ulcus corneæ serpens*, and follows up the incision by instillations of eserine. For the latter he substitutes atropine if there is a recurrence of hypopyon. For superficial abrasions of the cornea he also orders a solution of pilocarpin to be dropped into the eye. In cases of serous iritis, he avoids atropia and employs subcutaneous injections of the alkaloid of jaborandi. The number of patients at his clinique is smaller than at Gabrowski's, but his operative material is greater. He extracts cataracts by his well-known modification of Von Graefe's method. He uses antiseptic precautions. After performing tenotomy for strabismus, he closes the conjunctival wound by a suture applied in such a way as to approximate the angles of the wound and not the sides. He claims that by this suture the sinking of the caruncle is effectually prevented. He prefers sclerotomy to iridectomy for glaucoma. If the disease returns in an eye which has been already operated upon, he incises the scar. This operation he terms cicatrisotomy. He still continues his experiments of forcibly stretching the optic nerve in case of atrophy. The most peculiar notion of De Wecker is certainly his substitute for the protective bandage in cases of corneal ulcer. It consists in an apparatus made of glass and shaped somewhat like an artificial eye. This being introduced behind the lids allows the patient to see, at the same time that it protects his cornea from the air and the contact of the lids.

REPORT OF A CASE OF DISCHARGE OF BILE THROUGH THE UMBILICAL CORD IN A NEW-BORN BABE.—W. B. Brooks, M. D., Fort Worth, Tex., writes, in the *Courier-Record of Medicine*: I delivered Mrs. S. of an apparently healthy male child, ligated the umbilical cord as usual, and no abnormal appearance being noticed at the time. Upon the fourth day, at my customary visit to the mother, the nurse called my attention to the child, stating that "there was something wrong with its navel." On

examination, I found that the ligature had cut through the cord and come away, leaving about an inch and a quarter remaining attached to the abdomen. This remaining portion of cord had a vascular, fleshy appearance, standing out almost at right angles from the body, with a small hole in the center, from which was discharging a greenish fluid, which appeared and afterward from chemical tests proved to be bile. I again ligated the cord about one-half inch from its extremity. Two days afterward I found the ligature had again cut through, and the umbilical cord discharging bile as before. The third ligature was then placed around the cord one half inch from its extremity, as before, and the precaution taken to barely tie it tight enough to stop the flow of bile. But, in spite of this precaution, the ligature again came away within two days, leaving the stump of cord discharging bile as before, though each time the flow was very much lessened in quantity. Having failed three times in stopping the biliary fistula by the ordinary ligature thrown around the cord, and seeing that it was getting so short that, should it fail one more time, I would not have sufficient cord to ligate, I took the precaution to arm a large needle with a very coarse thread double, and, passing it directly through this stump close to the abdomen, proceeded to ligate in the ordinary method used for hemorrhoidal tumors. This time the operation proved successful, and in a few days the child was sound and well. The case is of interest only from the fact of its rare occurrence, the writer of this article having been able to find only one other case upon record. Several other physicians of the city were called in to see the child at the time.

**RUPTURE OF HEART IN TETANUS.**—Dr. Ferguson recently presented to the New York Pathological Society a specimen of rupture of the heart in tetanus. A male, forty years of age, married, a native of Ireland, and a glazier by occupation. On September 7th last, he sustained an injury to his left hand, tearing away the soft parts from its dorsal aspect and exposing the extensor tendons. His injury was dressed antiseptically, and



for three weeks he did well; at the end of that time, however, he experienced stiffness and rigidity of the muscles of the face and neck, giving rise to retraction of the head; soon after he was seized with convulsions, which became more frequent and more severe in character until October 13th, when, during a convulsion, he suddenly died. He had opisthotonos during his convulsions, and suffered greatly from dyspnea. He was in the hospital only five days, and during that time he could not separate his jaws more than one fourth of an inch. His pulse was full, strong, and regular, varying from eighty to ninety beats a minute. His temperature ranged from  $99^{\circ}$  to  $101.6^{\circ}$  F., and his respiration forty to fifty a minute. He was treated with fluid extract of physostigma. On autopsy the brain and cord were found intensely congested. The organs in the abdominal cavity were normal. The lungs were congested and edematous. The pericardium contained one hundred cubic centimeters of pure blood. The cavities of the heart were dilated. The ventricular walls were thin, and the muscular tissue was brownish. The valves were competent; there were a few small patches of atheroma in the segments of the mitral valve. In the anterior border of the heart, one inch to the right of the apex, was a circular opening which admitted a probe one eighth of an inch in diameter. The right ventricular wall surrounding this opening was about a line in thickness. The muscle-cells of the heart were normal.

**GASTROSTOMY.**—In the London letter of the Canada Medical and Surgical Journal for November are given the particulars of a case, in which the operation was performed by Mr. Pepper, of St. Mary's Hospital. The patient, a woman aged sixty, had had symptoms of obstruction of the esophagus for some months, but of late this had become so complete that no bougie, however small, could be made to pass. She was much emaciated, but had not a cachectic appearance, although a diagnosis of malignant disease had been made.

The operation was divided into two stages: the first consisted in making a straight incision from the point of the xiphoid car-

tilage downward and slightly to the left for a distance of about two and a half inches. The aponeurosis muscles having been divided upon a director, and all bleeding arrested, the peritoneum was opened and the stomach sought for. The left lobe of the liver was seen first to present in the wound, but soon the stomach was recognized and drawn forward. Neither the omentum nor transverse colon interfered with the finding of the stomach, as they sometimes do. The stomach was then stitched all around to the edges of the wound and peritoneum, care being taken to pass the needle through the peritoneal and muscular coats. The kind of suture used throughout was carbolized silk. The operation was performed under the strictest antiseptic precautions, a heavy spray of one to forty carbolic acid being used throughout. The wound was dressed with carbonized gauze. The patient was sustained with nutritive enemata, and progressed without a single bad symptom.

On the eighth day a small opening that would admit a number twelve catheter was made into the stomach, and when the patient was last heard of she was still doing well.

ON THE USE OF WARBURG'S TINCTURE IN MIASMATIC FEVER.—In a letter to the Medical Record, Dr. John T. Metcalf gives his experience with this remedy: For many years he has been accustomed to prescribe Warburg's tincture in the treatment of miasmatic fever which would not yield to quinia. Half an ounce of the tincture, given on an empty stomach, early in the morning, is the dose which was rapidly and completely successful in its effects. The taste being very bitter and nauseating, he has caused the tincture to be evaporated in a vapor bath to such consistence as would allow it to be put into gelatine capsules. This has answered the desired end perfectly without causing discomfort of any kind. When the tincture has been evaporated to the requisite degree, a capsule will contain the potency of two drams of the tincture.

With some persons rather too active purgation follows the ordinary dose of two capsules. This can be easily regulated by

leaving out or diminishing the amount of aloes in the original formula. Excellent results also follow the administration of the capsules made by evaporating the modified tincture in which the other alkaloids\* of cinchona are substituted for the sulphate of quinine.

In cases of intermittent fever, which tend to recur after having been once broken, he relies much more upon the daily dose of two capsules, taken early in the morning, than on any other remedy known.

The evaporated mass becomes hard very soon unless glycerine be mixed with it before filling the gelatine cups.

CELLULOSE AS A DRESSING FOR WOUNDS.—Dr. Fischer, of Trieste, proposes the employment of cellulose as a dressing for wounds. Before it is applied, the cellulose is impregnated with water or some medicated solution; it is then covered with an impermeable substance, such as rubber cloth. This method of dressing is particularly applicable to wounds the cicatrization of which is favored by moist heat.

Fischer claims the following advantages for this method: (1) On account of its perfect purity it is preventive of septic conditions. (2) It is extremely light, and will have none of the bad effects sometimes occurring with heavy dressings. (3) It causes neither erythema nor erysipelas in the vicinity of the wound. (4) The heat and humidity are preserved for twenty-four hours or more. (5) It does not adhere to granulating surfaces. (6) It can be perfectly adapted to any surface upon which it is desired to apply it. (7) It is cheaper than other substances used for dressing wounds. (*Journal de Médecine de Paris.*)

TETANUS FOLLOWING MISCARRIAGE.—Dr. John Neff reports a case to the Baltimore Medical Association: The patient, who was an Irish woman, aged thirty-eight to forty years, and a hard drinker, was three months advanced in her pregnancy. She got along well after the miscarriage, and came down stairs on the second day. On the ninth day she went out in the yard,

the weather being rather cold. On the tenth day she complained of stiffness of the jaws, followed by a similar condition of the cervical and spinal muscles and tetanic convulsions. Death took place on the thirteenth day after miscarriage. The treatment embraced cannabis indica, bromide of potash, and chloral, and hypodermic injections of morphia; the last seemed to give more relief than any thing else. Her mind was clear up to just before the end. There was no apparent cause for the tetanus, no retained placenta or membranes. (Maryland Medical Journal.)

**GANGRENE OF THE PENIS AS A CONSEQUENCE OF ACUTE GONORRHEA.**—Jeszenszky reports the case of a robust countryman, twenty-three years of age, who was seen by him seven days after infection: the discharge and swelling of the penis had then lasted four days. The glans was completely covered by the swollen prepuce; there was a profuse greenish discharge and sharp pain at the root of the penis, which was greatly swollen and of a greenish brown color. Incisions were made in both sides of the penis, extending along its entire length, and a large quantity of fetid pus evacuated. On the next day several vesicles had formed on the external skin surface, and a circular line of demarkation was commencing to form at the inner end of the incisions, and three days later the entire gangrenous skin separated; no fever was present. Healing took place by granulation under iodoform dressings, and was complete in about five weeks, leaving two broad scars on the upper surface of the organ. (Medical Times.)

**TYPHOID FEVER AND PREGNANCY.**—Dr. Martinet thus concludes a paper in *L'Union Medicinale*: (1) Typhoid fever is rare in pregnant women. (2) It determines abortion in about one half of the cases; the more surely, the less advanced is the pregnancy. (3) The lightest forms may produce abortion. (4) This complication arises usually in the course of the third week, and sometimes at the beginning of convalescence; it



causes no recrudescence nor return of fever. (5) Puerperal accidents are the exception. (6) The immediate causes of abortion are unknown; elevated temperature, active or passive, uterine congestion, and changes in the blood, although seemingly the most probable, can not be regarded as the causes in all cases. (7) The treatment for the fever and the miscarriage is the same as for each condition alone.

**ANEURISM OF THE SPLENIC ARTERY.**—Dr. Davidson showed the spleen from a woman, aged fifty-five, who had died of epithelioma of the esophagus, in which the splenic artery showed four or five small sacculated aneurisms. The coats of the vessel appeared perfectly healthy, and, excepting some atheroma about the arch of the aorta, the circulatory system was normal. The little aneurisms were all situated at the bifurcations of the vessel, and the spleen showed two large infarcts; so that Dr. Davidson was of opinion that an embolus had been carried into the splenic artery and rested a while at its first division, and that it had been broken up, parts of it resting again at other divisions, and being ultimately carried on into the spleen. He thought that where the embolism has rested, the arterial coats might have become softened, and subsequently dilated, thus explaining the position of the aneurisms.

**THE VALUE OF POST-LARYNGEAL PAPILLOMATA AS A MEANS OF DIAGNOSIS IN TUBERCULAR DISEASE.**—Dr. Major discussed two varieties of these—the velvety, and the filamentous or feathery, being probably two degrees of the same disease. The author related several cases in which, from these growths, he had diagnosed tubercular disease. In the discussion that followed, Dr. Asch said he had often seen this peculiar appearance in the larynx in cases of tuberculosis, but did not regard it as absolutely diagnostic, as he had seen it occur in other cases as well. The author agreed that where the velvety appearance existed there was not necessarily actual pulmonary complication, but he had always found tubercular tendency and tuberculosis

in the family. As far as he had observed, after the filamentous growths had appeared, recovery had not taken place. (London Medical Record.)

HERNIARIA GLABRA, besides being of benefit in acute cystitis of the neck of the bladder, has been used successfully in chronic cystitis and in the bladder and urethral troubles attendant upon certain conditions of the womb and vagina. It seems also to possess an important preventive action in cases of gonorrhea, as it limits the inflammation to the anterior portion of the urethra and renders less liable the extension of the disease to the deeper part of the urethral canal, its adjuncts and the bladder. It has been used by one physician in thirty cases of gonorrhea, and in none of these cases has the inflammatory action passed deeper than is ordinarily found in a simple case of this disease. This preventive action will, as a matter of course, render far less probable that disagreeable but common accompaniment of gonorrhea, epididymitis. (Cincinnati Lancet and Clinic.)

TANNATE OF SODIUM IN CHRONIC NEPHRITIS.—Lewin first recommended tannate of sodium in nephritis, and Ribbert's experimental researches demonstrated its action in causing decreased elimination of albumen.

Briese has used it, in four cases in Mosler's clinic, prepared as follows: Solution of tannic acid, two parts to one hundred; add solution of bicarbonate of soda (nine to five) ad react. alcalin. Dose, one tablespoonful every half hour. This mixture was not equally well taken by the patients. In some cases it caused gastric disturbances and vomiting. The daily quantity of albumen eliminated by the urine was not diminished, the nephritis went on, and the patients grew worse daily, and it was apparent that the remedy was, in these cases at least, of no value whatever. (*Centralbl. f. Klinisch. Med.*)

RELIEF OF FETID SWEATING FEET BY SUBNITRATE OF BISMUTH.—M. Vieusse (*Gazette Hebdomadaire*) recommends highly



the use of this drug in this affection. The fetid sweat follows different forms of affections of the feet, sometimes the derm is naked and exposed from the maceration of the epidermis, and is the seat of severe pain. At others the skin does not seem to be altered at all, while the odor from the sweat is very marked. In either form frictions, with subnitrate of bismuth, have been followed with success, by using twenty or thirty grams of the drug, being careful to rub it well into the interdigital spaces. In most cases its daily use for fifteen days produces perfect relief. The epidermis becomes firmer and loses its whitish appearance, is less wrinkled and adheres to the subjacent tissue. The secretion diminishes.

ETHER IN THE TREATMENT OF SORE THROAT.—Professor Contalo employs an ether spray in the treatment of pharyngitis. The applications are made several times a day, according to the gravity of the case. Under their influence, it is claimed, the temperature falls, the vessels contract, and the local condition is speedily improved. In two cases a fibrinous exudation was detached and not reproduced. Ether, according to the author, deserves a trial in pharyngeal diphtheria, not only as an antiseptic agent, but also because the pain is thereby greatly diminished, and the taking of nourishment facilitated. Two cases of pseudo-membranous pharyngitis were successfully treated by this method. He insists especially upon the rapid lowering of temperature following the applications of ether spray. (Medical Record.)

ALTERATION IN THE SECRETION OF MILK UNDER THE INFLUENCE OF DRUGS.—According to Stumpf, when iodide of potassium was administered to goats, the yield of milk was reduced, while the percentage of fat and sugar was raised; salts and albuminoids were unaltered; the reaction became alkaline. Small doses of acetate of lead produced no change of composition in the milk, nor altered the yield; the same negative results were obtained with morphine. Pilocarpin at first only

reduced the sugar. Salicylate of sodium considerably raised the yield. Alcohol did not alter the yield, but the solids increased, while the specific gravity increased. When beer was given, the specific gravity fell, but the fat rose in quantity, as did also the sugar. (*Journ. Chem. Soc. fr. Biederm Central.*)

REMOVAL OF A PIECE OF STEEL FROM THE VITREOUS BODY BY THE ELECTRO-MAGNET.—Mr. Snell related the particulars of this case, and introduced the patient, a young man, who, while striking a wedge in a coal-pit, had been hit with a splinter in the left eye. The accident occurred three weeks before he came to the Sheffield Infirmary. A piece of steel was discovered with the ophthalmoscope moving about in the vitreous body; it had passed through the cornea at its lower margin, and had also penetrated the lens, of which there was a slight opacity. It was immediately removed through a sclerotic wound by means of the electro-magnet needle. At the time of exhibition of the patient, twelve days after the operation, the eye was quiet; the vision was =  $\frac{1}{4}$ ; the fragment weighed .0046 of a grain.

DELUSIONS AND EXECUTIVE ABILITY.—The Birmingham Medical Review reports that one of the members of the Executive Council of the Bank of Brussels was many years ago attacked by the delusion that his legs were glass, and positively refused to move. A financial crisis came, involving the bank to some extent. Mr. B. got up and went to Brussels, where by his energy and skill he largely assisted in getting matters straight. At the end of the month he returned home, remarked how marvelous it was that he had not smashed even one of his legs, and, taking to bed, never again left it. In all lunatic asylums patients combining business ability with the most remarkably fixed insane delusions are to be found.

URINARY CHANGES DIAGNOSTIC OF GASTRIC DISEASE.—Mr. Rommelaire, in the *Jour. de Med. de Bruxelles* for September, says: A cancerous ulceration of the stomach is attended with

diminution in the amount of urea excreted per diem, and also of the urinary chlorides. Simple gastric ulcer is associated with normal azoturia, if that expression be allowed, or even hyperazoturia, and the chlorides are of normal amount or in excess. Spreading gastric ulcer is accompanied by normal or hyperazoturia, but with decrease in the chlorides of the urine. If these observations are verified, they will constitute most important diagnostic factors.

TAIT'S OPERATION—RECOVERY.—Dr. W. T. Lusk presented specimens and related the following to the New York Obstetrical Society: The patient was sent to the hospital by Dr. Buchanan Burr, with the message that hers was "a good case for Tait's operation." She was twenty-four years of age, had been married four years, was sterile, had previously always been well, and had menstruated regularly and without pain. Within a year past she had begun to suffer from paroxysmal pains, commencing on the left side of the pelvis and extending upward across the abdomen and down the left leg. The pains were excessively severe, came on suddenly, lasted for several hours, and then entirely disappeared; the patient would feel that she was entirely well, when another paroxysm would occur before the lapse of twenty-four hours; they usually came on at night. Dr. Lusk, on examining her, found a tumor extending across the left half of the pelvis, and having its origin behind the uterus. There seemed to be obscure fluctuation; the consistence of the tumor enabled him to exclude fibroids; the absence of tenderness made it almost absolutely certain that it was not the result of pelvic cellulitis. The diagnosis then lay between a dilated fallopian tube and a small ovarian cyst. The fact that the tumor was firmly adherent rendered ovarian cyst doubtful; in that case adhesions rarely formed while the cyst was small. On the other hand, it seemed impossible that the fallopian tube could have attained to the apparent dimensions of the tumor. The patient was kept in the hospital a month to make sure that the pains were not hysterical, and that the tumor was not dimin-

ishing. As no relief was afforded, however, the patient was informed of the risks of an operation, and of the possibility of failure to produce relief. She concluded to have it done. An incision two inches and a half in length was made, the finger introduced, and the tumor recognized to be a dilated fallopian tube. The extremity lay directly behind the uterus, and was firmly adherent to that organ. The entire tube, thus bent upon itself, filled the left side of the pelvis, and was, throughout its entire extent, adherent to the pelvic floor. The adhesions were separated with difficulty with the fingers. It was necessary to increase the abdominal opening to four inches in length before the tumor could be withdrawn. The appearance was very much like that of large intestine, and its true nature was determined beyond doubt only after careful inspection. Sponges were packed into the cavity where the tumor had lain to absorb the slight amount of oozing which was taking place. A ligature was applied around the pedicle, and the tube removed. All bleeding had ceased when the abdominal wound was closed. The patient made an excellent recovery, no untoward symptom having developed; pain had since entirely disappeared. The origin of the trouble in the first place could not be explained; the patient had previously been healthy, had never suffered from pelvic peritonitis nor cellulitis, nor had she had venereal disease. There was said to be consumption in the family. The diseased tube contained pus; the other healthy and not interfered with.

ON THE DIFFERENT MYDRIATICS.—John Tweedy, F. R. C. S., writes, in the *Practitioner* for November, that there is no specific difference between atropine or eserine and the other mydriatics or myotics. Some are stronger than others; duboisine, for example, is stronger than atropine, which in its turn is stronger than homatropine; and eserine is stronger than pilocarpin.

The recognition and appreciation of these different effects of mydriatics and myotics in different states of the eyeball is of such clinical importance that it may be well to embody them in a series of therapeutical maxims. There are already some



maxims generally accepted by ophthalmic surgeons. For instance, *In iritide, collyria stimulantia plus damni quam commodi ferunt*, is a very old one; and there are few practitioners now who are not fully alive to drawbacks to solutions of lead as eye lotions. There is another, a drug in common use even among ophthalmic surgeons, which, in my opinion, is much more objectionable than lead lotion. While lead lotion is apt to produce opacities on the cornea from depositions on abraded or ulcerated surfaces, alum, from its solvent action on the corneal cement, frequently gives rise to perforation of the cornea whenever the epithelium is removed by injury or inflammation.

It should, I hold, also be a maxim not to use atropine when the anterior chamber is shallow unless there be unequivocal iritis. A shallow chamber with a semi-dilated pupil and slight increase of hardness absolutely contra-indicates atropine. Atropine applied to a glaucomatous eye may induce rapid and more or less permanent blindness, whereas eserine may, as a rule, be relied on to give temporary relief, if not occasionally to effect a permanent cure. Again, atropine is essential to the cure of iritis, but eserine would not only aggravate the symptoms but imperil the sight. It becomes, therefore, a matter of as much importance to decide when to abstain from atropine or eserine as when to have recourse to it. Now this is sometimes a matter of very great perplexity and difficulty, only to be safely settled by a critical and methodical analysis of the various symptoms, both objective and subjective, followed by synthetic re-grouping. Cases of inflammation of the eye, accompanied with increased hardness of the globe, are not uncommon, in which it is difficult to decide off-hand whether the character of the inflammation is glaucomatous or iritic. No difficulty need arise when the inflammation is not accompanied with increased hardness. Increased hardness is always present during an attack of glaucoma, but is only occasionally a concomitant of ordinary iritis or of aquo-capsulitis.

In glaucoma eserine is indicated; in iritis, atropine; and in aquo-capsulitis, if any thing, weak solutions of atropine.

TREATMENT OF THE PLACENTA AFTER THE BIRTH OF THE CHILD.—Prof. Dohrn sums up the comparative results to the woman, in cases in which the placenta was left to nature, spontaneously expelled, or treated by Credé's method:

1. In one thousand lying-in women in whom the expulsion of the placenta was left to nature, the results were far better than in one thousand others in whom Credé's method of expulsion was used.

2. The one thousand lying-in women in whom the placenta was spontaneously expelled had considerably less hemorrhage and fever after delivery. In those cases treated by Credé's method, portions of the membranes were frequently retained, and there were more fatal cases than in the others.

3. The disadvantages which are conditional to the method of Credé, are especially seen in the cases in which the placenta is expressed during the first five minutes. After a longer time the expression was more complete, but never as safe as by the spontaneous method. (*Deutsche Med. Wochensh.*)

LACERATION OF VAGINA AND PROFUSE HEMORRHAGE IN FIRST COITUS.—Dr. Mundé was called to see a girl, aged twenty-two (*American Journal of Obstetrics*), pallid and anemic from loss of blood. She had been married the day before, and there had been but one connection. It was not attended by severe pain nor immediate hemorrhage, but some hours after she observed bleeding from the vagina, and sent for a physician, who gave ergot, but without benefit. Another physician put ice into the vagina. Dr. Mundé then examined the hymen for the source of the bleeding, but it came from higher up. Introducing a Sims's speculum, the vagina was seen to be ruptured on the left side for about two and a half inches, extending from one inch above the introitus up into the right fornix. The uterus was retroverted. He assumed that there was disproportion between the male and female organs. The bleeding was checked by firm tamponade with cotton disks. When the patient was seen a week later the wound was partly healed. Two years ago he



attended a case of rupture of the hymen up into the vagina along the urethra, during first coition, in which tamponade was required to check profuse hemorrhage.

LUMBRICUS IN THE LIVER.—Dr. Oks, of Rasgrad, Bulgaria, describes in *Vratsch* the case of an almost moribund phthisical patient, who was seized with vomiting and icterus. The liver was much enlarged. After death, the usual appearances of advanced phthisis were discovered. All the biliary ducts were dilated, and the common duct was occupied by a large female lumbricus; one extremity of its body hung free into the duodenum. Deep in the substance of the liver a smaller male lumbricus was found, impacted in a biliary duct. This is a rare, but not entirely unknown, complication of a parasitic disease. (British Medical Journal.)

PAINLESS TREATMENT OF CONDYLOMATA.—Nossbaum (*Münch ärztl. Intell' bl.*, 1882,) recommends the treatment of small condylomatous patches on the penis by daily washings with salt solution followed by the sprinkling over them of calomel powder. Chemical change takes place and corrosive sublimate is produced; the condylomata disappear, and no pain felt. Solution of corrosive sublimate in collodion, which acts more quickly, gives rise to much pain, and requires the patient to rest in bed. The proposed method is old, and has fallen into unmerited disuse.

SUBPERITONEAL INJECTIONS OF ALBUMINATE OF IRON IN CHRONIC ANEMIA.—Prof. A. Vachetta, having noticed the results obtained with this preparation when administered in the ordinary way, has endeavored to ascertain whether the peritoneum would not absorb it better in larger quantities and more quickly than the mucous membrane of the stomach. From experiments on dogs, he concludes that the effects of albuminate of iron are more readily obtained by subperitoneal administration than by any other method, and that no inconveniences result from this mode of administration. (*Gazz. degli Ospitali.*)

CASE OF MYXEDEMA.—Elizabeth M. Cushier, M. D. (*Archives of Medicine*), writes: Female, aged fifty-seven. Her general health had fallen off since nervous shocks in 1861. Within a few years after that time, swelling of the face was noticed, inactivity, slight deafness. When first seen by author (1877), the legs were edematous, the tissues of the face thickened, the eyelids baggy, suggesting Bright's disease, but there was no albuminuria. She improved under tonics and diuretics.

After two years there was a return of the edema in the legs, vesicles formed and became inflamed and ulcerated; the walk was slow and clumsy; she was slow in rising from the chair and lifting her head. No anesthesia. The face gradually became more characteristic; the aspect expressionless, the cheeks firm, waxy, rosy pink in color; the skin round mouth and eyes white and transparent; the lips motionless. Temperature subnormal, pulse slow. Subsequently the cardiac dullness became much increased in area; the abdomen swelled. She died in June, 1882, after an attack of facial dermatitis and inflammation of the left upper arm.

*Post-mortem.* The subcutaneous tissue of the neck seemed infiltrated with transparent material; the heart was hypertrophied, the kidneys rather large. In all these organs there was seen, microscopically, a swollen state of the connective tissue and an infiltration with small, spherical, highly refractive bodies. The normal histological elements were atrophied. In the thyroid, which was small and undergoing (in the left lobe) cystic degeneration, it was found that the alveoli were filled with hyaline material and the blood-vessels were infiltrated. The changes in the spinal cord were as follows:

*Vessels.* Their walls were thickened and infiltrated with hyaline substance; the vessels themselves were dilated, and there were numerous small hemorrhages, many of them old.

*Nerve-cells.* These had undergone yellow degeneration, or were atrophied, or had lost their processes. These changes were most marked in the lumbar region; they affected both the anterior and posterior cornua.

*White substance* showed small spaces filled with hyaline material; here and there the nerve-fibers were atrophied.

The author remarks on the limitation of the mucoid edema to the skin of the face and neck, and upon the paresis of the lower extremities. This latter she explains by the lesions in the lumbar cord. The identity of the pathological process in the cord and in the other tissues seems to show that they are not related as cause and effect, but form parts of some general disturbance of nutrition.

RECOVERY AFTER A LARGE DOSE OF DIGITALIS.—Dr. Antonin Martin reports, in *L'Union Médicale* for September 18, 1883, the case of a man, forty years of age, who had taken through mistake an infusion containing six hundred grains of digitalis leaves. He was not seen until twenty-two hours after the accident, at which time he was vomiting incessantly, the skin was cold and dry, the extremities were cold, and he complained of pains in the legs; there was no headache, the pulse was slow, twenty-five to the minute, strong and regular. Two days after the digitalis had been taken, he began to suffer with intense cephalalgia, located in the left side of the frontal region, and at the same time there were troubles of vision. The patient saw bright specks dancing before his eyes, and even figures of all sorts of animals. Two days after this, again he was seized with aphasia, which continued for four days, then ceased. After this the cephalalgia disappeared and the visual disturbances gradually subsided. The recovery, Dr. Martin thinks, was attributable to the poor quality of the digitalis rather than to any remarkable powers of resistance to the poison on the part of the patient.

TUMOR OF PONS VAROLII.—M. T. Miles, M. D. (*Archives of Medicine*), writes: Female, aged seventeen. Well-marked cross paralysis. Complete paralysis of left side of face (involving the orbicularis and frontalis) and of the right arm; incomplete paralysis of right leg. Sensation abolished in left half of face, conjunctiva, and nostril; much impaired in the right upper arm;

diminished in the right leg. Hearing of left ear impaired. Paralysis of all the muscles of the left eye; inflammation of left cornea.

*Post-mortem.* Externally the pons appeared enlarged and nodulated, the left side especially; the peduncles, especially the left, showing the same appearance. On section it was seen there was a growth occupying the left half of the pons, pushing the raphe to the right.

ETIOLOGY OF ELEPHANTIASIS ARABUM.—Max Bockhart gives the history of a woman who came to the Hospital at Wurzburg suffering from a severe attack of erysipelas, with which the patient was seized on 25th August, 1882. By 4th September she was nearly recovered from her trouble. In October of the same year she returned, complaining of a swelling in the leg previously affected. In January, 1883, the diagnosis of elephantiasis became certain. The microscope showed the lymph channels to be blocked up; the appearance was that of adenitis. In this case there is no doubt of the fact that the attack of erysipelas caused the elephantiasis.

RESORCIN IN MALARIA.—Dr Bassi (*Med. Ital. Pro. Veneti*) has tried this remedy in twenty cases of intermittent fever. In seventeen, success was marked; in the other three, the drug failed, as did quinine and arsenic, tried later. Resorcin was given in doses of from two to three grams, one half hour to one hour before the time for the chill. Larger doses do no more good than these, and seem to exhaust the patient. The drug causes ringing in the ears. Resorcin seems to have about the same value as quinine in this disease, but it has the advantage of being cheaper.

THE PERMANENT BATH IN THE TREATMENT OF SURGICAL DISEASES.—In cases after operation in which the ordinary antiseptic dressings can not be conveniently applied, owing to the location or other conditions of the wound, Dr. Sonnenberg advises



a return to the permanent bath. He has met with considerable success by this treatment after operations upon the urethra, rectum, or uterus, or in lithotomy. In the after-treatment of amputations or resections he has found it also useful. The addition of antiseptic substances to the water of the bath, he considers to be unnecessary. (Medical Record.)

MIGLIORANZA ON INTRAVENOUS INJECTION OF MILK, BLOOD, URINE, BILE, AND OTHER SUBSTANCES.—In 1873 Albertoni proposed the injection of whey in cholera; almost simultaneously, Hadder successfully, in three out of four cases of cholera, practiced the transfusion of milk. Thomas, of New York, proposed to substitute the transfusion of milk instead of blood, as being more safe and even more nutritious than blood. Lewis and Marvand asserted that milk need not be digested to be assimilated, but passes as such from the stomach into the circulation. This, Dr. Miglioranza, in accord with most physiologists, denies. (*Gazz. Med. Ital. Lombarda.*) Milk, like sugar and starch, which are changed into glucose, and albuminoids, which are converted into peptones, must be subjected to the processes of digestion before they can be of use as an aliment. Hence, it is an error to propose the transfusion of milk instead of blood. When milk (undigested) is transfused, the fatty and albuminoid constituents pass out by the kidneys and do not serve as nutriment. The sugar escapes in part in the saliva. The presence of a considerable quantity of undigested milk in the blood causes vomiting, diarrhea, prostration, and even death. The fat collects in the kidneys, and produces fatty infiltrations and chyluria. In cholera, therefore, it is better to inject whey only; in anemia, the injection of milk can not be of service. The secretion of urine depends on the state of the blood-pressure in the Malpighian corpuscles. The increase of the blood-pressure causes the passage of colloid and albuminoid materials, and even of blood. Does therefore the fatty filtration by the urine, after transfusion of milk, depend on increased blood-pressure caused by the introduction of liquid into the circulation? The solution



of this question may help to explain some cases of chylous and albuminous urine. The author finds that the blood-pressure in the capillary circulation of the kidney is not augmented, and that the filtration takes place in a state of diminished pressure; he concludes that the chyluria and albuminuria in certain morbid states may depend on stasis and relaxation of the vessels. The sudden addition of a considerable quantity of milk to the circulation causes a fall in the blood-pressure and considerable collapse in systolic force. Milk must be carefully filtered before its transfusion, so that the butter and milk globules, some of which are much larger than blood-corpuscles, may not give rise to obstructions in the pulmonary or cerebral capillary circulations. The transfusion of milk is always dangerous; they may be used as Albertoni suggested; he injected ninety to one hundred grams into the veins of dogs without harm. This shows that the danger in injection of milk is not from the quantity of fluid. The undigested casein is transformed into urea, and appears as such in the urine, and therefore is of no use as an aliment. Thomas's argument was founded on the resemblance of milk to chyle, but they are really very dissimilar. In his experiments his animals did not suffer, because he only injected very small quantities of milk.

*Transfusion of Blood.* The best method is that of *homogeneous and direct transfusion*, that is, the transfusion of arterial blood of one animal into the vein of another of the same species without exposing the blood to the air. *Indirect transfusion of defibrinated heterogeneous blood.* Blood not defibrinated would quickly coagulate in the veins and cause death. The author's experiments confirm the condemnation of the method by which blood of an animal of a different kind is defibrinated in an open vessel and injected by a syringe. When a considerable quantity of blood is suddenly injected into the circulation, great plethora and intravascular pressure results; but if a corresponding amount be first taken away, the injection is well borne. This points to what is the essential indication for the transfusion of blood. Where there has been great hemorrhage, the transfusion of

defibrinated blood, even of an animal of a different species, is of the greatest benefit. Even in these it is not invariably successful; in one experiment the animal, after apparently doing well for three days, died of melena. This is always liable to happen after transfusion of heterogeneous blood. Prof. Giannuzzi found that, of two dogs equally reduced by starvation, that one died first in which repeated transfusion of blood was practiced.

The author's next series of experiments were to determine the effects of the *intravenous injection of urine*. It is of the greatest practical interest to determine whether the symptoms of uremia are due to the accumulation of the principles of urine in the blood or to the products of the decomposition of urine. He found that normal recent urine, even from an animal of different species, when injected in considerable quantity, gives rise to no symptoms of uremia, the only effect being slight increase of pulse and respiration from the temporary increased blood-pressure. This, again, shows that the danger in injecting milk is not owing to the quantity injected increasing the blood-pressure, but must arise from the heterogeneous nature of the undigested milk. The components of urine exist preformed in the blood, while those of milk do not. After lithotomy, the urine bathes the raw surface of the wound without harm; so, too, as is well known, urine is an old popular remedy for ulcers, wounds, etc. In disease of both kidneys, or where they are extirpated, the elimination of urea is arrested, the tissues can no longer unload into the blood the urea of their own interstitial juices, and their functions are paralyzed. Then arises a state of uremia (urine accumulated in the blood) with mixed irritative and paralytic phenomena affecting the nervous, muscular, and gastro-enteric systems, which are encumbered with urinary elements; hence vomiting, diarrhea, convulsions, and coma. But these phenomena do not depend on direct poisoning of the blood by the normal components of the urine. The injection of fifteen grams of urea into the femoral vein of a dog weighing eight kilograms gave rise to no symptoms. When carbonate of

ammonia is injected, it gives rise to all the symptoms of uremia, tetaniform convulsions, distress of breathing, hurried circulation, hyperesthesia, lethargy. When urine in the ureters or bladder undergoes ammoniacal fermentation, the blood takes up the ammonia, and these symptoms are developed.

*Intravenous injection of bile* was next studied. The principles of the bile do not exist preformed in the blood, as do those of urine. A distinction must be made between the effects of suppressed secretion of the bile from the blood and the effects of the re-absorption of bile already formed in the liver. The effects of suppressed secretion can not be studied experimentally, as the liver can not be extirpated without causing death. In dogs, the symptoms produced by injecting bile into the blood are prostration of strength, hurried breathing, salivation, vomiting, and *dilatation of the pupil*. The injection of fifty grams caused death at once. These symptoms are analogous to those of icterus from re-absorbed bile (from obstruction of the common bile duct). Guglio maintains that some of the principles of bile are re-absorbed, and meet some physiological want in the blood; but the author's results prove that all these principles are harmful. The salts of the bile are decomposed in the intestines into cholic acid, etc., which are insoluble in water.

Cholesterine exists in constant but very minute proportions; it is considered as a nervous detritus; in excess it causes a dyscrasic and infective malady, cholesteremia (Flint and Salisbury). Professor Lussana attributes to it a special and important influence in miliary fever. When injected into the blood it is much more deleterious than any other principle of bile. It seems strange that a substance which is contained in blood and bile, although in minute proportions, should give rise to such dangerous symptoms. Another example of the same sort is found when Liebig's extract of beef is injected. In three out of four experiments of the author's with *extractum carnis* the animal died; and this is not owing to the presence of ptomaines, which are products of putrefaction, but merely to the state of undue concentration. Professor Lussana asserts that some

poisons are eliminated with the bile. The author made several experiments with carbuncular virus. He found that this, at all events, is not eliminated with the bile.

*Intravenous Injection of Aromatics.* Essential oils, enanthic ether, etc., if much diluted, are stimulant only. The fatty acids in very small quantity are physiological excitants; and a larger quantity, like urea, cholesterine, etc., causes death.

*Intravenous Injection of Alcohol and Aldehyde.* Alcohol can exist in the blood without coagulation even in as large a proportion as 1 to 300, and this proportion is not necessarily fatal. The injection of 1 to 1,000 produces the phenomena of intoxication. The effects of alcohol are more potent in man. The symptoms of acute alcoholic poisoning are attributed to the transformation of alcohol into aldehyde, which is much more pernicious than alcohol. Sensibility, motion, and respiration are paralyzed, while the heart's action may still preserve its energy. Probably the cases of acute alcoholic poisoning of asphyctic form are to be attributed to this transformation of alcohol into aldehyde. (G. D'Arcy Adams, M. D., in London Medical Record.)

**EUCALYPTUS IN THE TREATMENT OF ACUTE TONSILLITIS.**—Dr. Houston has used eucalyptus in cases of quinsy with very gratifying results. Dilute one dram of the fluid extract with one ounce of warm water, and use as a gargle or spray every twenty minutes. The water must be as warm as the patient can bear it. All the cases so treated recovered speedily, without suppuration. No other remedy was used, except in one instance, when quinine was prescribed.

**PERSISTENT HICCUGH CURED BY SUBCUTANEOUS INJECTIONS OF PILOCARPIN.**—Dr. Ruhdorfer, of Götzendorf, relates the history of a girl, nineteen years of age, who, for three months, suffered from an obstinate hiccough. All kinds of sedatives were employed in vain. Subcutaneous injections of pilocarpin, gr. ss, in ℥ xv. of water, finally gave relief. Stadler has reported similar case cured by the same means. (Medical Record.)



ETIOLOGY OF SUPPURATION.—It has been said by some that suppuration only occurs in the presence of microzymes; others, again, hold that it may occur in their absence. In order to decide this question, Dr. Councilman has made some experiments in Professor Cohnheim's laboratory. The result of these experiments, in which he thinks that the entrance of micro-organisms from without has been certainly excluded, is that their presence is not necessary to produce purulent inflammation, for that certain chemical bodies, for example croton-oil, can do this. (*Virchow's Archiv.*)

SOLIDIFIED CREOSOTE FOR TOOTHACHE.—Creosote is a popular remedy much in use for toothache and caries of the teeth. Its fluidity sometimes causes serious oral accidents, but that can be remedied by solidifying it with collodion—two parts of collodion to three parts of creosote. A gelatinous mass is thus obtained which is plastic and with which the cavity of the tooth can be obdurate, which prevents the access of air, and influences the dental nerve. (*Revue de Ther.*)

THE EFFECT OF LIME-JUICE ON THE MENSES.—A contributor to the *Lancet* states it as a fact that the sucking of the juice of one or two lemons by women suffering from an inordinate flow of the menses has the effect of checking the same. This statement, in connection with the reports of the effect of lime-juice upon the amative instincts of the male, would seem to tend to establish a belief in its anaphrodisiac properties. (*Therapeutic Gazette.*)

PEROSMIC ACID is a new remedy employed by Prof. Winiwarter in cancerous and scrofulous swellings. It is used by injecting daily three drops of a one-per-cent solution of the acid, which treatment causes the tumor to soften and decrease in size; the dead tissue is thrown off and disappears in about a month. No curative effects upon cancer itself have been observed from the remedy. (*Rundschau, Leitm.*)



AN UNUSUAL CAUSE OF GASTRO-INTESTINAL IRRITATION IN A CHILD.—Prof. G. G. Roy, of Atlanta, Georgia, details, in the *Southern Medical Record*, the particulars of a case of severe gastric and intestinal disturbance simulating cholera infantum, in which, after treatment by castor oil, spirits of turpentine, and whisky, the cause of the irritation was ejected from the bowels of the patient—a child about twenty months old—and found to be a mouse, nearly full grown, which had been swallowed a day or two before.

TINEA VERSICOLOR.—Oleate of copper, in the form of ointment, is very successfully used in the cure of this complaint at the Philadelphia Hospital for Skin Diseases.

## Notes and Queries.

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THE NEW YEAR.—There is an old, and rather a poor joke, of a trotting-horse that passed the mile-stones on the road so rapidly that his driver thought he must be riding through a cemetery. Yet, as we grow older, the new years come closer and faster together—just like those mile posts—leaving no sort of doubt that, if we are not driving through, we are constantly driving toward the Cemetery. We write it with a big C; for, alas! with each recurring annual round it grows bigger and bigger and holds a more and more important relation to the life of every one of us.

This is not a joke. It may indeed seem so to young doctors, for youth can not help thinking itself immortal. But doctors form no exemption to the rule which fixes a limitation upon human life. More's the pity! We can relieve the pain-stricken. We can strengthen the weak. We can prolong the life of others. But we are as powerless as the rest of the world to subject ourselves to our own counsels and regimen; which is to say, we are mortal, like the rest.

Yet may doctors be of good cheer, and the art of doctoring flourish long in the land which the Lord our God has given us. There is much to make us happy and proud. Of all the ages, we live and glorify the noblest, the greatest, and the best. Of all the triumphs of all the ages ours have been the most beneficent to man. In development and in progress we are abreast with philosophy, state-craft, and letters. Suppose we are personally driving toward the Cemetery? Shall we be afraid? We are sure to find good company there.

There is but one thing of which we should be afraid. That is the hardening process which so often accompanies old age. Some doctors, like wine, improve with time. Some remain

the same. Not a few grow cold and careless and cynical. A sweet old man is like a ripe apple. A sweet old doctor is like a ripe apple glorified. Old doctors, go and study the virtues of the apple-tree. Young doctors, go and emulate your elders.

Ah, well-a-day! Time does pass. "It is," said the delicious Artemus, "a way which time has." In youth, the trotter could not go too fast for us. As we gain in worldly gear, we fain would draw the rein.

What matters it? "They sang," says the divine Sappho, "whilst they drank from the poisoned chalice." So shall we; for is not all human wear and tear and care and sorrow but a poison? So drink, drink, good men and true, of the best and purest wine of life. To-morrow, to-day will be yesterday; but in the Hereafter all days shall be the same.

The New Year's greeting, aye, and the New Year's blessing—for the PRACTITIONER is e'en old enough to give a blessing—is the first word which we send out to those who love us—and that peace which passeth understanding, at least their understanding, to those who hate us, if there be any such—and so, to one and all, good morrow, dear friends.

OUR NEW DRESS.—The publishers of the AMERICAN PRACTITIONER have celebrated the incoming year by giving the journal a heavier and better paper. For our part, we had grown familiar during the fourteen years that we used it, with what we are now to give up, and had come to feel attached to. But we yield to the inevitable, and if our readers are but pleased with the change we shall be. It must be allowed that our toggery is very brave, but then it is simple, stout, durable, and clean, resembling in this, we would fain hope, what it contains.

The departure means prosperity with the publishers, and this is a matter for congratulation all round. When business prospers, doctors should prosper with it.

The change entails upon us increased effort to supply what is newest, soundest, truest, and best in both doctrine and practice, and holding the head of the journal straight in the course on

which it started to the bell-tap in 1870. This we shall do, and, by your leave, in our own way. If you like our gait, applaud us by staying with us to the finish. If you would strengthen our loins, gird them by sending us short papers on practical subjects on just such matters as you see every day of your lives. And thus shall you strengthen the loins of others also, of others doing like work at other points. If you would both quicken our pace and make it easier withal, send us a lot of new paying subscribers—we want none other—and thus shall you strengthen yourselves also, and in the same instant advance legitimate medicine in that you increase the power and extend the fame of a journal which draws its inspiration from practitioners, by practitioners, for practitioners.

AN OBSTETRIC ADVENTURE.—Dr. Pierre, in the *Gazette Medicale de Picardie*, relates the following obstetric adventure :

I was on duty at the Hospital St. Antoine. One night, about one o'clock, I was awakened to receive a patient. She brought with her in her arms an infant that was nearly naked. I received her as an urgent case. The next day she gave me her history; but I will let her speak for herself. "I am a very gay person, sir. I love the ball. I have not absented myself during my pregnancy, which yesterday passed the seventh month. At ten o'clock last evening I was one of the first at the dance, near the da Trone. I did my best. After several country dances I felt pains. So much the worse, said I, if it is coming this evening, as I have not reached my full time. I will leave this ball as late as possible. But the pains continued. The more I suffered the more I danced. In the *cavalier seul*, which at our balls leaves the ladies to dance alone, seized with sharp pains, I made some astonishing contortions while dancing. I had a remarkable success. Then the gallop followed, in which I seized my partner with a vigor I did not know I was capable of—when suddenly the waters broke. The accident was observed, but was attributed to a different cause. The jokes rained on me. I tried to escape, they pursued me. I ran out, they followed

me. I passed down the Boulevard Mazas; some thirty of them were at my heels. Where the Medi Charenton branches off, I climbed over the board fence of a wood-yard. Fortunately my pursuers had lost trail of me. I sat on the ground, it was time—the child came five minutes afterward. I have wrapped it up in my handkerchief, and, small as it is, I think it will live." She was right, both mother and child did well, and she left the hospital ten days later without any disagreeable complication.

DANGER FROM FLIES.—Dr. Grassi is said (British Medical Journal) to have made an important, and by no means pleasant, discovery in regard to flies. It was always recognized that these insects might carry the germs of infection on their wings or feet, but it was not known that they are capable of taking in at the mouth such objects as the ova of various worms, and of discharging them again unchanged in their feces. This point has now been established, and several striking experiments illustrate it. Dr. Grassi exposed in his laboratory a plate containing a great number of the eggs of a human parasite, *Tricocephalus dispar*. Some sheets of white paper were placed in the kitchen, which stands about ten meters from the laboratory. After some hours, the usual little spots produced by the feces of flies were found on the paper. These spots were examined by the microscope, were found to contain some of the eggs of the tricocephalus. Some of the flies themselves were then caught, and their intestines presented large numbers of the ova. Similar experiments with the ova of the *Oxyuris vermicularis* and of the *Tenia solium* afforded the corresponding results. Shortly after the flies had some moldy cream, the *Oidium lactis* was found in their feces. Dr. Grassi mentions an innocuous and yet conclusive experiment that every one can try. Sprinkle a little lycopodium on sweetened water, and afterward examine the feces and intestines of the flies; numerous spores will be found. As flies are by no means particular in choosing either a place to feed or a place to defecate, often selecting meat or food for the pur-



pose, a somewhat alarming vision of possible consequences is raised. Dr. Grassi invites the attention of naturalists to the subject, and hopes that some effectual means of destroying flies may be discovered. (Medical Record.)

THE SUB-UNGUEAL PULSE.—Dr. Henri Gripat, in 1873, noted a case of sub-ungueal pulse, which is considered as the first time that this phenomenon has been observed. Dr. Gripat tells us (*La France Medicale*) that he has never been able since to observe a second case, but he gives the notes of the case cited. It occurred in a young patient suffering from rheumatism of long standing, having an old aortic insufficiency, with hypertrophy and anemia, during an attack of subacute rheumatism. The pulse was regular, bounding, depressible, and could readily be seen in the arteries of middle size, as the temporal, radial, tibial, and collaterals of the fingers. On raising the fingers a little, while the hand remained flat on the bed, the blood could be seen passing briskly under the nail and coloring it red; this color disappeared almost immediately and the nail became white in its center, remaining red only at its periphery. The coloration was transient, intermittent, pulsatile, and systolic. (Journal American Medical Association.)

A CASE OF CYSTICERCUS IN THE BRAIN OF A CHILD ONE YEAR OLD.—The London Medical Record says that Dr. O. Soltman (*Centralbl. für die Med. Wiss.*) relates the following case: A child, one year old, was seized with vomiting, convulsions, and squinting, and suddenly died. The post-mortem examination revealed a rickety state of the osseous system. In the middle of the gray substance of the gyrus fornicatus was found a tumor of the size of a pea (a cysticercus); one also in the left corpus dentatum, and two smaller tumors in the cortex of the left posterior lobe on its under surface, near the fissura calcarina. No teniæ were found in the intestines. The author finds only one case of this kind at so early an age. Fleischmann records a case of cysticercus in the brain of a child two years old. (Medical and Surgical Reporter.)

A LESSON FOR ANTI-VACCINATORS.—The following item is copied from the London newspapers. It presents a subject for profitable meditation by the foes of vaccination: A master manufacturer of boots and shoes in London, who had made himself conspicuous by his opposition to vaccination, hung himself through remorse a short time ago. He had recently lost his wife and three children by smallpox, and it was alleged at the time that not only was this terrible loss due to his anti-vaccination opinions, but that through his carelessness several persons caught the infection and one young man died.

COLD ABSCESS OF THE TONGUE.—A woman, aged thirty-five, with a swelling on the right side of the tongue, presented herself. The tumor was the size of a walnut, soft and fluctuating, and not painful on pressure or manipulation. It had appeared without known cause four months previously, had attained its present size in one month, and then remained stationary. The patient's general health was excellent. Dr. De Brun incised the tumor and gave exit to a quantity of thin pus. The sac was dissected away, and the wound closed with sutures. Union was complete in a few days. (*Médicale.*)

IN A CASE OF HEMORRHAGE FROM THE INTERCOSTAL ARTERY, from homicidal stabbing, I arrested the flow immediately by making pressure within the pleural cavity, directly on the vessel, by introducing into the wound the handle of a door-key. The key was then turned transversely, so as to make direct pressure, and maintained in that position for some hours, until there was no more tendency to hemorrhage. The same mechanical action might be effected by the similar use of the handle of an ordinary gimlet. (Dr. Levis, Philadelphia.)

PROFESSOR JACCOUD.—By a presidential decree from the *Faculté de Médecine*, of October 6th, Prof. Jaccoud has been transferred from the Chair of Internal Pathology to that of Clinical Medicine, made vacant by the death of Prof. Lasègue.

PORRO'S OPERATION.—Dr. Boni recently performed this operation, at the St. Nicholas Hospital at Arezzo, for grave rachitic deformity, profuse hemorrhage coming on from rupture of the membranes and threatening life. The patient was in excellent condition on the seventeenth day after the operation.

Prof. Antonio Martino has also performed the operation quite recently, at the Maternity Hospital in Naples, for rachitic deformity. Both mother and child were saved. (*L'Indipendente*.)

WE learn that a journal has been started in Paris, called the Daily Medical Journal. As its name indicates, it is to give daily information of the progress of medicine. The subscription price is forty francs a year. The establishment of a similar journal in this country might go very far toward satisfying the wants of those practitioners who feel restricted in not being allowed to advertise in the daily papers. No objections could be raised to advertisement in a daily medical journal.

#### OLD SHOES.

How much a man is like old shoes !  
 For instance, both a soul may lose ;  
 Both have been tanned ; both are made tight  
 By cobblers ; both get left and right ;  
 Both need a mate to be complete,  
 And both are made to go on feet.  
 They both need heeling, oft are sold,  
 And both in time all turn to mold.  
 With shoes the last is first ; with men  
 The first shall be last ; and when  
 The shoes wear out, they're mended new ;  
 When men wear out they're men-dead, too.  
 They both are trod upon, and both  
 Will tread on others, nothing loath.  
 Both have their ties, and both incline  
 When polished in the world to shine :  
 And both peg out—and would you choose  
 To be a man or be his shoes ?

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# The American Practitioner.

FEBRUARY, 1884.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

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## Original Communications.

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### ON A SURGICAL TREATMENT OF SCIATICA.\*

BY J. A. COMINGOR, M. D.

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I estimate society work according to the amount of practical and useful matter presented. If I want book-knowledge and fine scientific works, I go to the library and not to the society for these. On the other hand, if I want bright practical thoughts and clear-cut views, I go to the society; and, no matter where I go, or what society I attend, I always come away with ample dividend for time spent and money expended. Therefore society work, in my opinion, should be as practical as it can be made. Members are presumed to be educated in the elementary principles of medicine and surgery, and well informed in the literature of their profession. If they are not, this is not the place to teach them. In the consideration therefore, of the subject chosen for this short paper, it is not my purpose to present it in its widest range, but merely to give my own views and experience. To go over the road that has been traveled for centuries would be tiresome as well as unprofitable. Consequently I will not consume time by giving what has been said and written on neuralgia. The present report

\* Read before the Mitchell District Medical Society at Seymour, Ind.

is based on the treatment of three well-marked cases. The diagnostic features were well defined. That I may not consume time unnecessarily in furnishing the proof that these cases were what I state them to be, I will ask you to believe me capable of making a correct diagnosis in these cases, as it was not a difficult matter. In 1879, I think it was, but the day, month, and year matters not, I was invited by Dr. J. C. Walker, of Indianapolis, to join him and visit a patient of his, whom he thought had been seriously injured a few days before. The man, a city fireman, was, while driving rapidly to or from a fire, thrown from his engine, lighting on his right hip. The patient had suffered severely, except when impressed by morphine. The doctor was fearful that the injury was greater than he had at first anticipated. He had diagnosed it traumatic sciatica. On a careful examination I could not detect a fracture or any other serious complication, and joined the doctor in his diagnosis. There were evidences of contusion over the great sciatic nerve, covering the space between the great trochanter and tuberosity of the ischium. The doctor had been treating him hypodermically and otherwise, according to standard views, but the effect was only temporary, having reached no permanent benefit. The patient's suffering at this time was agonizing in the extreme; muscular spasms were frequent and great. It was clear to the observer that something must be done that would give relief, or this strong and vigorous man, for such he was, would wear out as the result of intense suffering. After carefully considering the matter, we concluded to try Buck's extension-weight and pulley. The object of this was to keep the leg forcibly extended, and the muscles steady. This was applied about eight P. M.; the weight was a heavy one. We discovered that the muscles moved spasmodically whenever they were called into the slightest activity, and pain was the result. We were confident that, if the muscular spasms could be arrested, our patient would get relief. We had faith in this plan, and separated, agreeing to meet the following morning. The morning came, we met, and much to our chagrin the patient was suffering with the same intensity as

before. During the night, in his paroxysms of pain, he had repeatedly thrown weight and cord off the pulley. Notwithstanding our disappointment, our faith in the plan was still strong. This was only a flank movement to test the strength of the enemy. We now proposed to strike in the center, divide his forces, and take possession of the fort. We, reinforced with chloroform, and after anesthesia had been induced a plaster-of-paris bandage was applied to the foot and leg and around pelvis and waist. When the bandage hardened, the patient was put to bed. This settled the neuralgia storm; no more pain; in lieu thereof restful sleep. No further trouble ensued. The patient was soon on crutches, and in a fortnight the bandage was removed, the patient well, and sent to duty. To me this result opened up a new field of thought. It seemed that a ray of light had pierced the dense cloud of uncertainty as regards the treatment of this form of neuralgia, and I determined to test its merits whenever an opportunity offered.

In April, 1882, another opportunity offered and I put the method to the test. This case in some particulars differed from the first, in the fact that it was not traumatic in its origin; the cause was not definitely known to me. There may have been some traumatism connected with the case, as the patient was said to have aborted at the beginning of her illness. A lesion of this sort may give rise to sciatica. This, however, is only a conjecture on my part. Doubtless, there was a cause, for we realize the fact that the cause must antedate the effect. This is a law in nature and in life. This patient was a married woman, about thirty-two years of age, the mother of several apparently healthy children, and up to this attack had enjoyed a fair share of health. However, for several years past, and up to the time of this sickness, she had been troubled with torpor of the bowels and had used cathartics generously to procure bowel action. This constant torpor may have given rise to neuralgia. In the text-books it is assigned as a common cause. It was not my privilege to see this patient until late in her illness, she having been sick several weeks before my connection with the case;

therefore I can not state definitely the course the disease pursued, or its chief characteristics. When first seen by me I thought that I discovered two leading pathological conditions, viz., enlargement of the glands of the jaw accompanied with fibrous anchylosis and sciatica. The anchylosis still exists, though I have at different times broken it up, and tried to restore full motion to the jaw.

Sciatica is the ruling thought of this report; and I desire to keep it to the front. Persons afflicted with sciatica, in describing their symptoms, tell the same story with remarkable regularity. This case is no exception to the rule; hence I will not trouble you in the narration of symptoms in detail. It is sufficient for all practical use that there was the usual pain from pressure along the course of the nerve, and spasmodic pain when the muscles were in motion. With the concurrence and assistance of Dr. Marsee we applied the bandage as we did in the former case; only we did not resort to anesthesia. The leg was flexed, rotated, stretched, and the bandage applied. The relief was not so well marked as it was in the first case. This I attributed to the non-use of anesthesia, and the failure in doing our work sufficiently thorough. But freedom from pain followed in a short time, and the morphine which had been used so long and lavishly was gradually withdrawn. She wore the bandage a less time than twenty-four hours, when it had to be removed on account of the pain and pressure it produced. I thought it a failure, but determined, after a few hours' rest to the patient, to try it again, adding anesthesia. But the second application was not necessary, as improvement took place, and she was on her feet in a fortnight, measurably free from pain and taking nature's allotted hours of restful sleep. Recovery was complete. The successful issue of this case impressed me with the idea that possibly a new and practical fact had been discovered. I am clearly of the opinion that this cure was not due to the bandage, but was due to the shaking up of the muscles, nerves, etc., infusing stronger life into the dormant tissues, and at the same time securing to these tissues an accelerated circulation, giving



a more abundant supply of blood. This is a physiological view of the proposition, and I verily believe it is true, and of some moment to the profession, though I am unwilling to spread it broadcast as a fact. I only send it forth as a probable fact, and one of sufficient merit to insure it a fair and impartial hearing. If this be true, all, even obstinate cases will not require the bandage. It will only be necessary, either with or without the aid of anesthesia, to give the structures involved a thorough shaking up in order to start the patient on the road to recovery, and to nurse him back to health again.

In the presentation of the third case, I will be brief; though in point of history, course, duration, and results, it is the most remarkable of the three. This man is about thirty-eight years of age. The 30th of October, 1883, he came to my college clinic, and told the following story of his illness. In the fall of 1865, had an attack of "break-bone fever" in the State of Texas. In the spring of 1866, he was attacked with periostitis just above the knee, on the outer side of the thigh. Abscess formed, was opened, and with the matter discharged came several small pieces of bone. The abscess closed, reopening in 1870, discharging matter and bone as on the former occasion. It closed and opened again, for the third and last time, in 1876. The patient had been lame and suffering for fifteen years, going on crutches a great part of the time. For three weeks he had been in agonizing pain, day and night, deprived of rest and sleep, and walking the floor on crutches all night long.

The examination revealed the usual tenderness along the course of the sciatic nerve. The leg was partially flexed, and the muscles rigid. The muscles seemed to be standing guard over the movements of the leg. The patient being etherized, the leg was carefully put through all its natural movements; the soft structures were thoroughly stretched and massaged, and the bandage applied as in the other cases. There were some adhesions at the knee, which were broken up by extending and flexing the leg. The bandage was removed in ten days and muscular exercise enjoined. All things moved well, and in



three weeks from the date of the operation he returned, walking into the lecture-room without crutch or cane, with only a slight halt. Two weeks later he made us another visit, and by certain active movements showed us that his leg was well and he able for full duty.

I have written nothing on the pathology of sciatica because I know but little concerning its pathology; and, when I came to investigate this part of the subject and found nothing definitely settled, I concluded that others were not much wiser than I.

INDIANAPOLIS, IND.

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## REMARKS UPON ALCOHOL, FROM A CLINICAL POINT OF VIEW.

BY JOHN A. OCTERLONY, A. M., M. D.

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The real value of alcoholic beverages as medicine or food can not be ascertained by experiment or by a study of their effects in poisonous doses. It must be determined by clinical experience. This is the test to which all medicinal agents are subjected, and by which their claims to be considered and used as remedies are finally adjudicated. This involves a decision upon a question of fact, not upon the *modus operandi* by which the fact is accomplished. Clinical experience is the final and supreme authority. It may not be inopportune to glance at the subject in this light, and briefly state what appear, from a purely clinical standpoint, to be the powers and uses of alcohol as a remedy and a food, and incidentally to remark upon its employment as a luxury. Even among medical men, who are unfavorable to alcohol as an article of diet, its usefulness as a medicine is admitted. It is my purpose to examine in a very brief way just in what classes of disease and under what circumstances alcoholic preparations are indicated.

Acute diseases, in which danger to life or marked destruction

of tissue is rapidly brought about and associated with a sudden accession of formidable symptoms, require the administration of alcohol in a considerable proportion of cases. In these it is generally productive of decidedly beneficial effects, tiding the patient over a period of danger when he could not utilize other food. It preserves the body from decay. It lessens temperature, and saves the fabric from death. This is seen most conspicuously in various forms of zymotic and other febrile diseases.

The laity generally are not aware that alcohol lessens temperature, and hence do not understand its usefulness in many forms of fever. Yet it is exactly in this class of diseases that alcohol performs a duty more satisfactorily than any other stimulant.

The administration of this agent is also useful when the surface of the body has been chilled, and when the vital powers are so weakened that the heart is unable to do its work in propelling the blood to the capillaries with the usual ease. It may also be used with great advantage—as surgeons especially know—in cases of prostration from shock, and in that slower prostration which follows acute diseases after these have expended their force.

Anemia resulting from hemorrhage, nearly always requires alcohol, and often when otherwise induced it is benefited by it. Few practitioners who have encountered post-partum hemorrhage, and the shock and exhaustion following it, but will allow that alcohol is not only useful but in many cases seemingly indispensable.

In many persons debility is principally due to a failure of gastric digestion, and this may often be relieved by the appropriate administration of some preparation of alcohol in dilute form.

It was long since observed that phthisical patients who have delicate skins and perspire very freely, but with whom oil and fatty matters habitually disagree, are remarkably benefited by alcohol, especially when taken in full dose; and they may

even take oil and fats with impunity if these be combined with alcohol.

During the stage of disintegration in tuberculosis, with hectic fever, etc., the judicious administration of alcohol often produces signally good results. However, the necessity of discriminating between cases must not be lost sight of, for alcohol is not equally well suited to all.

The wasting diseases of childhood furnish a large class of cases in which alcohol is an invaluable remedy. What was said with regard to the effect of alcohol in acute diseases applies also to a considerable extent to this class.

In chronic suppuration, whether in adults or children, alcohol is exceedingly useful, and its judicious administration is frequently efficacious in warding off serious and even fatal results. The combined experience then of competent and impartial observers warrants the statement that in the diseases enumerated, alcohol is a remedy of great potency, and that they can be more successfully treated with alcohol than without it. There are many other morbid states in which this agent may be used with decided benefit to the patient, but the limits of this paper will permit no further extension in this direction.

That a remedy powerful for good should also be capable of ill must be expected. It requires no great experience to perceive that in certain cases alcohol, for some reason, does not fulfill our expectations. A few practical rules for guidance at the bedside may not be out of place here.

It may be considered that alcohol is acting well when, under its use, the pulse becomes stronger and less frequent—when the skin becomes moist and cooler; if the countenance become quiet and natural, when the breathing becomes tranquil, when, even under full doses of alcohol, there is no alcoholic odor emitted by the breath, when the tongue, previously dry, becomes moist and tends to clean, and when the patient becomes quiet and sleeps.

On the contrary, the action of alcohol is unfavorable when under its use the pulse becomes more rapid, and the skin hot and parched, the countenance flushed and excited, the tongue more

dry and baked, the breathing more hurried, when the odor of alcohol can be perceived on the breath, and the patient grows wakeful and restless.

The belief has found general acceptance that stimulants are injurious, because their stimulant action is followed by reaction in the opposite direction. Of this reaction I myself have never seen any proof. Anstie remarks very truly on this point, a stimulus promotes or restores some natural action and *is no more liable to be followed by morbid depression than* is the revivifying influence of food.

It seems then, in fact, that moderate doses of alcohol are not followed by depressive reaction either in health or disease. Alcohol in over-doses, that is, in narcotic or intoxicating dose, is undoubtedly injurious, but this may be said of any other medicinal agent, especially of those belonging to this class. And "we must not assume that because a large dose is injurious a small one is so also. Lime and salt are necessities of life, and yet they are injurious in large doses, and it is not an argument against their use in small doses."\*

But alcohol is not only a medicine but a food. In this double capacity it does not stand alone. It is of course well known that some have rejected the claims of alcohol to be considered as a food. The grounds for so doing however appear insufficient.

It is not unfair to assume that the universal employment of any article of food indicates a natural requirement. There is hardly a nation within the boundaries of vegetation, among which this requirement has not been felt and met in the manufacture of some sort of alcoholic beverage. "Widespread custom and physiological research have established that alcohol as such has its legitimate place in the sustentation of the healthy and diseased organism."†

A recent writer expresses the opinion that "the universal use of fermented liquors is an indication of their serving a profound physiological purpose and supplying a common want."

\* Alfred Carpenter's Address.

† Anstie.



A large number of observations, says Anstie, concur in testifying to the power of alcohol in certain circumstances to support life, singly or with entirely insignificant assistance, and he reports several cases which forcibly illustrate the truthfulness of these remarks. Most practical physicians of wide experience, especially in large cities, could furnish the history of cases similar to Dr. Anstie's. Equally in accordance with the experience of others is his observation, that it is remarkable how the comparatively healthy system in some cases adapts itself to a diet composed chiefly or almost entirely of alcohol. "Every medical man in extensive practice," says Dr. Alfred Carpenter, "must have seen cases which, now and then, have fallen to my lot to witness, in which life has been prolonged for many months without any other nourishment than that which was contained in the spirituous liquors or wines which the patient would alone consume; cases in which it was impossible for life to have been sustained upon the few grains of organic substances which were contained in the coloring matter or extractive matter of the liquor, or in the sugar which is sometimes given with the stimulant." It can then be asserted with truth, that alcohol is a food. It doubtless may not be the best food under all or even many circumstances. Nor is it always a good food. Yet it is a food; and it is for the judicious clinician to select the proper cases for its administration, and also the form and quantity in which it is to be used, as well as the length of time it should be continued.

Assuming as proved that alcohol is at times and in certain conditions of diseases capable of acting not only with safety, but with marked benefit as a food, it may be asked, can it not also with safety be used as a luxury? That it is used in some form as a beverage of ordinary life by a very large proportion of people is well known; that it does not, properly speaking, belong to the necessities of life must be admitted. Therefore, when consumed by the great mass of healthy people with whom it is an article of daily use, it is simply a luxury. How far it can be so used with impunity is a question of more than ordinary importance, but one which is not before us now.



Dr. Carpenter, from whom I have often quoted in these pages, and who is rather inimical to the use of alcoholic drinks, assumes that a luxury which is not immediately injurious may be fairly used by all who can afford it. In his prize essay on the Use of Alcoholic Liquors in Health and Disease, Prof. W. B. Carpenter freely admits "that its temporary administration to persons in health under extraordinary occasions is attended with decided benefit." In his brochure on Alcohol, its Place and Power, Prof. Miller, of Glasgow, reaches conclusions similar to those of Prof. Carpenter.

It is seldom, if ever, urged that alcoholic beverages are essential to persons in perfect health; yet we think it can not be denied that they are used by thousands in moderation as a luxury without producing any injurious results. And it must be admitted that alcoholic beverages used in this way are a source of pleasant gratification and greatly enhance the enjoyment of life. That men are entitled to a moderate indulgence in this as well as all other legitimate pleasures can not be denied.

Having said this much in favor of alcohol as a beverage, it is impossible to close one's eyes to the power for evil with which alcohol is endowed, and the wretchedness its excessive use has inflicted upon mankind. We contend simply that this can be no valid reason against its moderate use as a luxury by those who can afford and enjoy it. *Abusum non tollit usum*. The abuse of a thing is no argument against its use. On this point, Sydney Smith very tersely remarks: "No cards, because cards are employed in gaming; no assemblies, because many dissipated persons pass their lives in assemblies. Carry this but a little further, and we must say, no wine, because of drunkenness; no meat, because of gluttony; no use, that there be no abuse."

Whether alcohol is used as a medicine, food, or luxury, certain rules should be observed:

1. Alcoholic beverages should be taken at or about meal time, or at any rate in combination with food.
2. If liquor, it should always be diluted.
3. The quantity and the interval at which it is taken must

depend upon the condition of the patient, the form of alcoholic beverage used, and the effect it is desired to produce.

4. Whatever be the variety of liquor, it must, in order to be fit for medicinal use, be *pure* and sound and of sufficient age.

5. When the stimulant effect of alcohol is required, especially in cases of acute disease, or in sudden emergencies, good whisky or brandy is to be preferred.

6. That form of alcohol which in our opinion is best suited for general administration to patients in this country is the so-called Bourbon whisky. This can be more readily procured of good quality and requisite age than either brandy or wines, and possesses every virtue which can be claimed for either of the latter.

But, while we have spoken thus dogmatically perhaps of the particular whisky called Bourbon, it is not to be concluded that all the whisky made and sold under that name is either of the age or quality it purports to be. In the whole range of dietetic and medicinal preparations, there is no article which has suffered so much through imitation and adulteration as this valuable Kentucky product. Yet with proper care there need be no difficulty in procuring a genuine article.

While all Kentucky whisky, made by honest distillers—and these are many—may in general terms be counted as good when of proper age, that known as “*sour mash*” Bourbon whisky is esteemed by most persons as the best. It is claimed to be the softest and purest—to continue to improve longest, and as it ripens to develop all the better qualities of the old Cognac brandies. When originally well made, this variety of whisky, after remaining in wood say from four to six years, certainly acquires great delicacy of flavor, and is ordinarily well borne by the most delicate stomach. It is used medicinally in Kentucky to the exclusion of almost every other form of alcohol, and is so used because experience has taught that it is, both in flavor and digestibility, and as a stimulant, fully the equal of the finest, oldest, and most expensive of imported brandies.

LOUISVILLE, KY.

## Reviews.

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**Elements of Histology.** By E. KLEIN, M. D., F. R. S., Joint Lecturer on General Anatomy and Physiology in the Medical School of St. Bartholomew's Hospital, London. Illustrated with one hundred and eighty-one engravings. 1 vol., pp. 352. Philadelphia: Henry C. Lea's Son & Co. 1883.

This volume of the series of manuals for medical students is strictly for the use of students. It is not a complete work on histology, and could not be within the narrow limits to which it is confined. It is well executed; the illustrations are good and of superior quality, though not original.

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**Clinical Chemistry: AN ACCOUNT OF THE ANALYSIS OF BLOOD, URINE, MORBID PRODUCTS, ETC.** With an Explanation of the Chemical Changes that occur in the Body in Disease. By CHARLES HENRY ROLFE, M. A., M. D., Cantab.; Fellow of the Royal College of Physicians, London; Assistant Physician at the London Hospital; Formerly Demonstrator of Physiological Chemistry in the Medical School of St. George's Hospital. Illustrated with sixteen engravings. 1 vol., pp. 308. Philadelphia: Henry C. Lea's Son & Co.

This is one of the series of manuals for students of medicine, written for a specific and practical purpose, namely, to furnish students and practitioners with a concise account of the best method of examining, chemically, abnormal blood, urine, morbid products, etc. The book must be judged by the manner in which this purpose has been fulfilled.

It is plain and concise. The contents embrace the following chapters: I. Organic and Inorganic Constituents of the Animal Body; II. Chemical Reactions of Chief Organic and Inorganic Constituents of the Animal Body; III. Blood, Chyle, and Milk;

IV. Morbid Conditions of Urine ; V. Morbid Conditions of the Digestive Secretions ; VI. Morbid Products.

This volume is in style uniform with the series to which it belongs.

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**Elements of Surgical Pathology.** By AUGUSTUS J. PEPPER, M. S., M. B., Lond., F. R. C. S., Eng. Philadelphia: Henry C. Lea's Son & Co.

A small work on surgical pathology, suited both for advanced students and the general practitioner, has long been felt as a desideratum.

The author of the present volume has supplied this want in a way which reflects much credit upon himself, and can not fail to give satisfaction to the class of readers for which it was prepared. The work is as practical as such a work could be made, and the causes and methods of pathological processes are explained most lucidly, and as far as our present knowledge of them will admit.

The volume is one of the Students' Manual series, and should find its way to the table alike of students and practitioners.

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**Epitome of Skin Diseases with Formulæ.** For Students and Practitioners. By the late TILBURY FOX, M. D., F. R. C. P., and by T. COLCOTT FOX, M. B., M. R. C. P. Third American edition, revised and with additions. 1 vol., 8vo, pp. 240. Philadelphia: Henry C. Lea's Son & Co. 1883.

This is a useful and handy volume, intended to afford assistance in the early study of dermatology, yet it is too superficial to be fitted for such. It is also designed as a manual for ready reference by the practitioner in his daily practice. But in some respects it is signally ill adapted for this purpose. The table of contents *does not give the name of a single remedy!!* So that any one wishing to learn the author's views in regard to any particular medicine used in dermatology has to turn over the

leaves of the book and search patiently, if perchance he may find what he wants. The book is well printed, on good paper, and well bound ; in fact quite attractive.

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**Surgical Applied Anatomy.** By FREDERICK TREVES, F.R.C.S.,  
Philadelphia : Henry C. Lea's Son & Co.

In his very modest preface the author says "the book is intended mainly for the use of students preparing for their final examination in surgery." Mr. Treves has builded much wiser than he knew, for, limited as was his aim, he has produced a work which will command a far larger circle of readers than the mere class for which it was written. There is no doubt that beyond any natural gifts of authorship possessed by Mr. Treves, his occupations, his lines of labor and of study for years back, have specially fitted him, specially equipped him, for the production of a manual on Applied Anatomy. An experienced demonstrator in anatomy, he was therefore acquainted with its technique. A surgeon to a large hospital, he was therefore in a position to discriminate between what was useful and what useless, between what was essential and what may be dispensed with both in his own knowledge of anatomy and in that found in the average student. This union of a thorough practical acquaintance with these fundamental branches, quickened by daily use as a teacher of one and practitioner of the other, has enabled our author to prepare a work which we are free to say that the writer who would excel it will set unto himself a most difficult task.

Partly to furnish an example of Mr. Treves's style, but more in the hope that the extract may be seen by teachers of anatomy all over the country, we take the following from the preface.

The student of human anatomy has often a nebulous notion that what he is learning will some time prove of service to him ; and may be conscious also that the study is a valuable, if somewhat unexciting, mental exercise. Beyond these impressions he must regard his efforts as concerned merely in the accumulation of a number of hard unassimilable facts. It should be one object of applied anatomy to



invest these facts with the interest derived from an association with the circumstances of daily life; it should make the dry bones live.

It must be owned also that all details in anatomy have not the same practical value, and that the memory of many of them may fade without loss to the competency of the practitioner in medicine or surgery. It should be one other object, therefore, of a book having such a purpose as the present to assist the student in judging of the comparative value of the matter he has learnt; and should help him, when his recollection of anatomical facts grows dim, to encourage the survival of the fittest.

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**A Treatise on Bright's Disease of the Kidneys: ITS PATHOLOGY, DIAGNOSIS, AND TREATMENT.** With chapters on the Anatomy of the Kidneys, Albuminuria, and the Urinary Secretion. By HENRY B. MILLARD, M. D. With numerous original illustrations. New York: Wm. Wood & Co. 1884. 1 vol., 8vo, cloth, pp. 246.

This work is offered by the author as the result of the experience of nearly twenty-six years of hospital and extensive private practice, and of several years' study in the laboratory of pathological and healthy kidneys of men and animals. It seems therefore that he is well prepared by study and practical experience for the task he has undertaken. Under the term Bright's Disease he includes the different forms of nephritis, and he considers all forms of nephritis as comprised in three varieties: (1) Croupous, (2) Interstitial, (3) Suppurative. The fatty and waxy kidney he regards as being simply an intercurrent or subsequent development upon one of the above forms. Croupous nephritis is the name by which the author designates what is by most writers described as parenchymatous nephritis. Under the term suppurative nephritis it seems he includes pyelitis and inflammation of the renal parenchyma, with the formation of abscess. Interstitial nephritis is made to include both the morbid process resulting in the small contracted kidney and that form known as desquamative nephritis.

In considering the treatment of Bright's disease, a very full account is given of the use of the numerous therapeutic agents

which have been recommended from various sources. Nitric acid, phosphoric acid, corrosive sublimate, cantharides, arsenic, helonias dioica, apis mellifica, euonymus atropurpureus, muriate of ammonia, ergot, jaborandi, the various mineral waters, nitroglycerine, fuchsine, rosaniline, iodide of potassium, turpentine, chloride of gold and soda, tannate of sodium, iron, etc., are all mentioned, and their respective value pretty fairly estimated.

Here and there the author is guilty of a *lapsus pennæ*; for example, where he uses the word "causology," which is not an English word, whatever else it may be. It must have been coined for the occasion, although there was no excuse for inflicting such a mongrel word, half Latin and half Greek, upon his readers. The word "etiology," of legitimate formation and in general use, ought to have answered the author's purpose. When he writes (on page 217), "Except in those cases of nephritis *due to the causology* I shall mention," he simply writes nonsense. But such defects, while they mar the beauty of a work and lessen our esteem for the author's scholarship, do not detract from the value of the book as a contribution to the literature of a most important domain of practical medicine.

It is to be regretted that the author almost entirely fails to notice the complications or secondary manifestations of Bright's disease and their treatment. The relations of Bright's disease and organic diseases of the heart receive not even a passing mention. Yet they seem well worthy of thorough consideration in a work that professedly deals with the pathology of Bright's disease.

But withal it is a useful and attractive volume, creditable alike to author and publisher.

## Clinic of the Month.

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REMOVAL OF TUMORS OF THE BLADDER.—Sir Henry Thompson, recently read a paper before the Royal Medical and Chirurgical Society of London on Tumors of the Bladder, embodying the history of twelve cases of this affection. In ten of these he removed the growth wholly or in part by external urethrotomy of the membranous portion of the canal. In two he did not operate. The author summarizes the results of his experience, as derived from the cases reported, as follows—and it may be remarked that nothing so valuable or important has yet been written on this subject:

The operation has in all cases consisted in opening the membranous urethra from a small median incision in the perineum, and in dilating the prostate gently and gradually with the left index finger, which when fully introduced explores the entire internal surface of the bladder, while supra-pubic pressure is made under complete anesthesia. The way is thus made for the introduction of the forceps. Of these I have designed and employed two or three forms, and found them useful to meet varied forms of growth; and some of these are now provided with cutting edges. I may remark that while in some cases the prostate is dilatable, and admits the finger without receiving much if any injury, in others a certain degree of rupture is inevitable. This I have recognized during life, and have witnessed in two of the fatal cases; but the division of tissue thus produced is not considerable.

In estimating the results of the proceeding—which it may be stated has, in every case but the first, consisted of simple external urethrotomy of the membranous portion—it is necessary to recall the fact that unless removed by surgical operation, vesical tumor is *inevitably fatal*. *Every recovery is a clear*

*gain; and a fatal issue is simply the natural termination forestalled.* In these twelve cases there have been five recoveries; and in some of these there is every reason to believe that the cure is permanent, since there is no sign of recurring symptoms. In three cases death succeeded the operation in a few days. In one it occurred in a few weeks. In the remainder, the pre-existing severe and continuous hemorrhage has been completely checked for a period of some months, and occasional slight bleedings have reappeared. The future course of these cases will be closely watched and duly reported.

Such a result I would submit is one which warrants a cautious observation of the numerous cases of hematuria which are to be found, and also the employment of digital exploration of the bladder, when the facts ascertained indicate that the cause of bleeding is not due to ordinary obvious and well-known conditions.

When an adult, either male or female, has long been the subject of unduly frequent micturition, the act mostly painful, with occasional hematuria, this sign increasing gradually in importance as the case advances, and furnishing evidence meantime that its source is vesical and not renal, a physical, that is, surgical examination of the organs is of course indicated. The result of this may show that no calculus is present, and that no obvious enlargement of the prostate or of the adjacent structures can be affirmed. Nothing in the history can be distinctly referred to as a cause; no clue in fact is offered, except such as may be found by repeated examination of the urine. And it is by this particular means that the most trustworthy information is to be obtained. But before describing the evidence furnished by the urine, I will refer to the facts which may be obtained by the study of these twelve cases. I have therefore arranged the chief points worthy to be noted in a table, so that they may be seen at a glance.

The facts referred to are as follows:

1. *Nature of the growths.* Eight were examples of simple papilloma, more or less associated with dendritic prolongations

of the villi natural to the vesical mucous membrane. When the growth consists entirely of these elongated villi, the term "villous tumor" suffices to describe them. Three consisted of growths, more or less malignant; for example, epithelioma and formation of cell-growths allied to sarcoma. These also are associated with villous development like that noted in the preceding class; and in two instances there was deposit in the neighboring glands. One was a product closely resembling the submucous tissues of the bladder without villous growth.

2. *In relation to duration of symptoms.* It is evident that the course of papilloma is slow. The symptoms are recorded as occupying periods before operation, varying from three to seven years. I have known longer terms still in cases formerly observed, and left in the natural course of events to end in death, as they invariably do, if not relieved by surgical aid. But the progress of malignant growth is more rapid in the bladder, as it is elsewhere; epithelioma as usual being the slowest of production in the class; from one year to two years and a quarter are the terms presented by the examples in our table.

3. *In relation to diagnosis.* A notable fact in the history of papilloma and of villous growths is, that the appearance of blood in the urine is one of the earliest, if not the earliest, signs of derangement in the urinary function observed by the patient. On the other hand, in the malignant growths met with, painful and frequent micturition have long preceded the appearance of blood in the urine. The same is of course true in cases of calculus and of prostatic disease.

In all vesical tumors the patient observes, as the disease progresses, that the stream of urine contains a larger admixture of blood at the close of the act than at the beginning. It often happens that the stream may commence with pure unstained urine, and become florid toward the close; and this bright red is the usual tint, and not the brown shade common in other conditions.

The microscopic examination of urine is of great importance in relation to diagnosis. In cases of villus and papilloma,



and indeed of all tumors, the microscope is of great value. After my recent experiences, I attach much greater importance to it than I formerly did. At the same time it is not difficult to be deceived by some of the products found in the urine of patients where no serious organic changes have occurred.

First let me say that the deposit from a patient's urine should be examined in a fresh state, search being especially made for shreds which are mostly passed at the end of the stream, or which may be sometimes washed out by a plain water injection through the catheter. It may be necessary to repeat this examination several times. In case seventh, I found, in the urine passed at the patient's first visit to me, one of the most perfect specimens of villous growth I ever saw. A slender, club-shaped process with a complete covering of columnar epithelium, and in the center of the stem its blood-vessels full of red corpuscles clearly seen. After this, on four consecutive days, as many examinations were repeated, but absolutely without result. The first observation, however, sufficed to assure me of the presence of tumor, and I had no hesitation in operating without further evidence, and removed a considerable villous papilloma.

The appearance of long villous processes in the urine *débris*, I take to be decisive. They are in my experience never seen as normal products, or in the absence of such diseased growths in the bladder.

Another suspicious product is the appearance of a mass of adhering fusiform or spindle-shaped cells of large size ; some of them lengthened out into fibers, and when seen more or less regularly in the urine of a patient, with other symptoms, should arouse grave suspicions ; but these cells are not pathognomonic like the villous. Large round cells of various kinds, often young epithelium, are of course not sufficiently characteristic by themselves. Then I have met with large, soft-looking fibers with nuclei on them, as if recently developed from cells, and believed them to be significant of growth of some kind (associated with tumor symptoms and history), have explored the bladder and found nothing ! This I did in two cases ; and it is

worthy of remark that in both instances the patient was much benefited by the operation.

4. *The co-existence of calculus with tumor is to be noted.* In two cases at least there had been previous formation, in the one of an oxalate of lime calculus, and in the other of several small uric-acid calculi, producing continued irritation of the bladder for some time. In both instances lithotrity had been performed recently. In a third case, that of a woman, a large calculus was found in the kidney, the symptoms of which had no doubt masked the existence of the vesical tumor; and had, before I saw her, been regarded as the cause of the hematuria. These facts at all events lend some support to the theory that papilloma may sometimes arise from local sources of irritation affecting a mucous membrane.

There is one important point still to be referred to, viz., what is the proportion of instances, regarding tumors of the bladder generally, in which we may expect to find the physical condition of the growth such as will admit of complete removal, or almost complete removal? I permit myself to say "almost complete" removal, because I am satisfied that with non-malignant products, like papilloma for example, a complete ablation of the growth is not absolutely essential to success. I am quite certain that I have removed the greater part, but not the whole of the tumor in two cases at least, in which there has been no sign of reappearance for upward of a year. I feel little doubt that when the chief mass of a papillomatous growth has been nipped off by means of forceps in or near to the base, it is impossible to affirm that all the irregular formation has been taken away; on the contrary, it is reasonable to suppose that some portion must always have been left. I believe that cicatrization takes place, and that by degrees this process leads to solidification of the tissues at the point at which evulsion was made.

I have had in one case the unusual advantage of being able to place my finger on the very site of an evulsion performed nine months before, and I then found no reappearance of growth so far as my sense of touch enabled me to judge. In the case

of malignant tumors of course no attempt would be made to remove such growths; for in no case would there be the smallest hope of being able to remove the diseased formation entire. Nor, again, were it conceivable that we could accomplish this, is there any reason to believe that advantage would accrue to the patient thereby.

I have recently made a careful examination of most of the specimens of tumor of the bladder preserved in the museums of London, and I have found about a hundred preparations, relative to which I could determine several important questions. Of these I regard about forty as malignant, and about sixty as examples of non-malignant growth; that is, specimens of what may be considered papilloma and innocent forms of villus. Of these sixty preparations, not less than thirty-five appear to me to be removable by operation. It should be remarked that many examples are labeled "cancer" which can not be so regarded; a large portion undoubtedly are so; several are probably epithelioma; but the allegation of malignancy must not be accepted in a great number in which it is made. It is, then, an instructive and striking fact that at least one half of the simple growths can be removed with a good prospect of success. I believe the proportion is greater than this, but I have been desirous to understate it rather than the contrary.

I shall now only add that I have performed the operation described for the purpose of ascertaining the cause of severe and long-standing symptoms when obscure, in twenty-seven cases altogether—twenty-one of them occurring in the last twelve months; among them I found twelve cases of vesical tumor, and removed it wholly or partially in ten. In two only I declined the attempt. I can not, therefore, doubt that the prevalence of these affections is greater than it has been customary to believe it to be; and that the victims of it hitherto have, after much unavailing treatment, both surgical and medical, slowly bled to death, under the impression that the source of the hemorrhage was renal, or at all events beyond the reach of any aid from art.

LARGE VESICAL CALCULUS IN AN INSANE PATIENT—REMOVAL THROUGH VAGINA—DEATH ON SIXTH DAY—AUTOPSY.—C. P. Bancroft, M.D., Superintendent New Hampshire Insane Asylum, writes in the Boston Medical and Surgical Journal as follows: Patient thirty-eight years of age. Has been insane for over two years. The form of her insanity, chronic mania, with hallucinations of hearing and smell. During the entire period of her insanity, patient has been much excited, at times incoherent, and generally very irritable and capricious. For a long time she insisted that there were noises in her ears, and expressed it as her opinion that there was some animal lodged within the external ear. She made many attempts to reach this imaginary animal by inserting rags, hair-pins, sticks, and other foreign bodies. Finally she insisted that there was a skunk in her nose, and that the odor was very perceptible to her. She introduced a piece of stout wire, seven inches long and bent on itself, into the right nostril, and passed it back into the posterior nares. One point appeared at the nostril, and the other curved up and inserted itself between the nasal bones at their junction with the upper lateral cartilages. The blunt end, which resembled the closed end of a hair-pin, was back in the posterior nares. This wire I was obliged to cut an inch within the nasal cavity, and, by making an incision between the two nasal bones, remove one part through the bridge and the other part through the nostril. After this episode the patient began to entertain the idea that something was lodged within the bladder. Finally, while alone, and entirely unbeknown to others, she passed a hair-pin into the urethra. This was caught up by muscular contraction and carried beyond her reach. Soon vesical irritation declared itself, and after a little while the patient voided a hair-pin pretty completely incrustated with urinary salts. Notwithstanding that her suffering must have been intense, she made no complaint, and consequently nothing was known of her trouble until she presented the hair-pin to the medical interne.

But about this same time, April 1, 1883, the patient, unbeknown to others, inserted a second hair-pin. The passage of



the first, together with a temporary amelioration of symptoms, led us to think that the trouble was over. From this time until October the patient made no complaint, but studiously kept by herself. Having an insane dislike to myself and to the assistant physician, she would allow neither of us to approach her. It is certainly remarkable that during this long period of most intense suffering she never made any complaint, her insane delusions in regard to persons and things enabling her to endure the most exquisite pain without making the slightest mention of it. Finally her suffering became so great that she could not disguise the fact in her physical appearance. She began to remain in bed, and appeared depressed and very unlike her manicacal self. During the last of October I was able to get her confidence sufficiently to induce her to make a true statement of her real condition. She then told me that she suffered the most intense pain in passing water; that she could only void it when on her hands and knees and by pressing over the pubes. I questioned her more closely, and she admitted that she had inserted *two* hair-pins instead of one about the 1st of April. A period of seven months had therefore elapsed from the date of the insertion of the hair-pin and her first mention of it.

On October 28th I passed a silver catheter, and detected a hard substance at the neck of the bladder. The finger in the vagina disclosed a hard projection at the same point.

On November 2d patient was etherized. I gradually dilated the urethra so that the forefinger could be admitted. The tip of the forefinger came directly upon the calculus at the neck of the bladder, and disclosed the fact that the stone bulged rapidly from the end first felt, and that it was one of very large size. As extraction through the urethra was out of the question I introduced a grooved director, and with patient in Sims's position made an incision an inch and one eighth long through the vesico-vaginal septum. Through this opening the stone was removed. It was as large as a medium sized hen's egg, weighed 950 grams and presented the two points of a hair-pin projecting toward the neck of the bladder, the blunt end appearing at the upper



part of the stone toward the fundus. The base where the stone rested was rough and gritty from particles of phosphatic concretion. After thorough cleansing the incision was closed with four silver sutures and patient returned to bed. After the operation she rallied very slowly; there was some vomiting; pulse was very weak and thready. Rectal and subcutaneous injections of brandy revived her to some extent.

November 6th. "The history of the past few days has been one of weakness and uncertainty. Her stomach has refused all nourishment, and the suspicion arises that the vomiting may be due to imperfect action of the kidneys. Yesterday and the day before injections per rectum were instituted." The bladder was washed out, but the water returned almost as soon as injected. Incontinence is a marked feature, the urine dribbling constantly from the urethra. Menstruation commenced to-day. Patient troubled with hiccoughs.

November 8th. Night before last watery discharges from bowels began, and the following forenoon the vomiting almost entirely ceased. The weakness continues, however. At no time since the operation has there been fever, or a pulse faster than 96. But the pulse has been, though slow, extremely weak. Patient has been perfectly clear in mind up to last evening. This has been a very characteristic feature in the case. Whenever the patient has been severely prostrated physically, she has invariably presented symptoms of mental improvement. During the entire period since operation she has discussed her case as intelligently as a sane person could have done. So frequently does this occur in the insane who become physically prostrated that one is often reminded of a metastasis, and led to conjecture whether a morbid element circulating in the cerebral centers has not actually removed itself to some other more vulnerable part. However this may be, last evening patient began to appear drowsy. This sleepiness has continued to-day. She would be aroused sufficiently to take nourishment, and immediately go to sleep. Pulse has continued about ninety-six, with no fever. About five p.m. she suddenly exclaimed to the nurse that she

suffered extreme pain in the right iliac and hypogastric region, and asked her to turn her over. She also said that she was dying, and wished the nurse to send for a physician. The nurse helped turn her over, but she almost instantly collapsed. Within five minutes I was present, but she was dying as I entered the room.

Autopsy nineteen hours after death. Rigor mortis well marked. Bladder, uterus, ovaries, and upper wall of vagina removed entire. The anterior wall of bladder was so firmly adherent to the anterior wall of the abdominal cavity that it could only be separated with some force and by careful dissection. The entire mucous surface of the bladder was very dark, congested, and thickened, and bore evidences of long-continued suppuration. The walls of the bladder presented two large cysts: one in the right wall, about mid-way between fundus and neck, evidently developed about the point where right ureter entered the bladder; the other cyst was at the very fundus. The antero-posterior cyst was quite large, and was firmly adherent to the anterior walls of the abdominal cavity. The interior of this cyst was filled with fibrous bands, phosphatic accumulations, and fetid pus. On the external wall of this cyst were two points of ulceration: one of these points had already perforated into the abdominal cavity, leaving an opening large enough to admit a probe; the other presented a discolored spot with thinning of walls and slight depression resulting therefrom. The superior cyst was smaller, sacculated, and filled with phosphatic debris and pus. This cyst marked the point where doubtless rested the blunt end of the hair-pin. By continued pressure this had produced thickening of the walls, and finally a sacculated cavity. At the neck of the bladder was a large, ragged depression representing the spot where the stone rested. Constant pressure had set in action an ulcerating process showing how nature was attempting to remove the obstacle through the vagina. The wire sutures approximated perfectly the vaginal surface, but the mucous membrane of the bladder was in no way approximated, as its ragged, ulcerated condition would not admit of such union.

The edges of this ragged depression were full of small particles of phosphatic debris, showing that the stone had been crowded down with much force into the neck of the bladder. The kidneys each weighed five ounces. In both the pelvis was dilated to quite an extent, but there was no especial evidences of damage to the rest of the organ. The cortex was of normal appearance other than showing a certain degree of congestion.

The sequence of events is an interesting one. A hair-pin slipped into the bladder through the urethra; the two points became engaged in the mucous membrane and prevented its exit. Phosphatic crystallization about the hair-pin; ammoniacal urine and resulting cystitis. Stone grows large, almost concealing the pin. Bladder makes efforts to overcome the constantly increasing obstacle, assisted by abdominal pressure from the patient. The stone becomes a ball-valve, dropping into the urethral orifice at base of bladder, and completely preventing exit of urine; by assuming knee-elbow position this ball is allowed to slip back and allow the passage of a little urine past it. In this way patient at last voided nearly all her urine. Pressure from without and within impels the fundus on to the blunt end of the hair-pin, thereby causing thickening, rupture of inner wall, and formation of cyst. This double pressure causes also forcible backing of water up ureters into pelvis of kidneys, and this in turn produces dilatation of this part. Finally this constant backward pressure separates muscular walls of bladder at point of entrance of right ureter; nature resists by throwing out inflammatory coverings; a cyst develops which is firmly attached by these resisting inflammatory processes to the anterior wall of abdominal cavity. At last nature herself is overcome; she is trying to expel the obstacle through an extemporized path into the vagina, at the same time guarding against any such accident as rupture of the expelling parts; unable to meet this double duty, one weak point gives way; perforation occurs into the abdominal cavity, followed by shock, collapse, and death. (Boston Medical and Surgical Journal.)

ANTISEPTIC DRESSINGS USED AT THE NEW YORK HOSPITAL.—Dr. Robert F. Weir, Surgeon to New York Hospital, describes in the following interesting way the manner in which antiseptic dressings are used at that institution: What we still aim at in the treatment of wounds is to place the divided or injured parts in such a condition as to permit of the best possible drainage, and to keep them at rest as long as may be without frequent renewals of the dressing; and, for the accomplishment of the latter end, we are forced to use such chemical substances as will prevent decomposition. Notwithstanding the desire to avoid the theoretical portion of this subject, one can not escape the conviction that the development of micro-organisms is associated with putrefaction as a cause of immediate concomitant effect. Although much light remains to be shed on sundry points—such as whether one variety can develop into another, whether the poisonous action of germs differs with their growth, and what soils are most favorable to their increase, etc.—yet the prime fact above mentioned is now unquestioned. Somewhat recent investigations, it is true, have shown us that micro-organisms are to be found at all times in the air-passages and the intestines, but the researches of Lister have also taught us that the living tissues have considerable power to resist the development of such germs. This fact explains away the objection so often raised that every scratch should give rise to septicemia. When, however, the tissues became unhealthy or abnormal a better soil, so to speak, is furnished for the growth of the micro-organisms. What constitutes the change in the internal organs, however, is yet an unknown quantity. Externally, we can appreciate it easier. A contusion, a laceration, or the damage done at an operation brings about such alterations in the tissues as to impair their antagonizing power, and also to furnish a fruitful soil for development.

It is the aim of antiseptic surgery to neutralize such favorable conditions for germ development. This has been best done until recently by means of carbolic acid and iodoform.

Since I first became acquainted with the excellent antiseptic



qualities of corrosive sublimate, a year ago last March, I have been using it constantly; and it is this personal experience, corroborated by witnessing its effects in the hands of other surgeons while I was abroad this spring, which leads me to present it again to you to-day, and to recommend its virtues. In the North of Germany corrosive sublimate has come to displace iodoform and carbolic acid almost entirely; iodoform, however, is used to some extent in Southern Germany, particularly in Vienna; but the healing of wounds I found was more satisfactorily produced in the hospitals of Kiel and Hamburg under the sublimate dressings than any where else that it was my good fortune to visit.

Corrosive sublimate is kept in contact with wounds in four or five different ways. Gauze, cheese-cloth, or mull, for instance, is impregnated with this antiseptic, and applied in several layers over the line of union of a wound just as the carbolic or iodoform gauze is employed. We endeavor to increase the absorbing power of this gauze by getting rid of the oily matter in it by boiling it in a weak solution of either soda or muriatic acid, then washing it again in water and drying it. Lately we have succeeded in obtaining it already prepared from the manufacturers.

But, in order to make an equable pressure upon the tissues as well as to avoid a too frequent change of the dressing, which is apt to occur with the gauze alone, materials of greater absorbing power and softness have been resorted to. Among these he names peat, wood-wool, fine jute, and the ordinary moss of the woods.

One of the great advantages of the peat dressing, as pointed out by Neuber, is the fact that it permits of a long period of perfect rest without disturbance by a change of the dressing. I saw patients in its wards who had worn the peat dressing without change for forty-two days. I have myself not felt disposed to leave a dressing on for so long a time as this, for I think that the tendency to septic absorption has usually passed away by the tenth to the fifteenth day, and that there is nothing to be gained by leaving the dressing on for a longer period. Another



greater objection to the peat and other absorbent dressings is that they are so bulky as to prevent the easy use of splints, and, hence, in the case of compound fractures, etc., I feel a desire to inspect the parts, to determine the position of the bones, etc., more frequently than once in two, three, or four weeks. In many other cases, however, the long-continued dressing is of great value. Wood-wool has greater absorbent properties than any of the other substances mentioned, it has an advantage over peat in being more cleanly. It is also easy to obtain, and costs here eight cents a pound. It is also mixed with the peat. Neither it nor peat, however, is so soft and easy to a wound as jute. The ordinary moss of the woods, which those practicing in the country certainly can always obtain—requires to be dried in an oven to kill the insects found in it. It is soft, and has strong absorbent powers; it will take up about four times its weight of water. I am disposed, from its softness and elasticity, to think that this substance would be found to be next to jute as a dressing, and after it wood-wool and peat.

Peat, wood-wool, and decalcified drainage-tubes are imported by M. Lienau, 2 Jones Lane, New York. The sublimate gauze, cotton, and catgut are excellently made by M. Ende, of Hoboken, N. J. Peat costs six cents a pound, wood-wool eight cents, and fine jute forty cents.

All these substances are prepared for use in a very simple way. The jute and moss are dipped into a solution of corrosive sublimate, one part to one thousand of water, and fifty parts of glycerin. They are steeped all night in this, then wrung out, and allowed to dry in as far as the presence of the glycerin will permit.

The gauze and cotton batting, deprived of oily matters, are immersed in a little different solution, viz., corrosive sublimate, twenty parts; water, four thousand four hundred and eighty parts; glycerin, five hundred parts, which is a one-quarter-percent solution. A slight aniline tinge is given to the gauze to distinguish it from the unimpregnated material. These are the solutions now used in Schede and Kümmel's wards at Hamburg,

being somewhat different from those I published last winter. I will only add, it is desirable to have these preparations somewhat freshly made, as often slight deterioration occurs from the change of the bichloride into calomel.\*

At the time of the operation a solution of corrosive sublimate, one part to one thousand of water (sometimes one to two thousand) is allowed to trickle slowly, but nearly continuously, over the incision.† It is made to run so freely at some of the clinics in Germany that the surgeon and the assistants wear not only a rubber operating coat, but also rubber shoes, in order that they shall not be swamped with the fluid. In order to protect the patient from this deluge, an ingenious device of rubber cloth is resorted to. The limb is passed through a hole in a large rubber sheet, which is tightened by a purse-string of rubber tubing, and the upper half of this sheet is then thrown back on the patient's body.

The bleeding vessels are tied, not with catgut made according to the Listerian method, but by being put in a bichloride solution, one part to one hundred of water, for ten minutes, and then in a watery solution of one to one thousand for ten to fifteen hours, and afterward wound on bobbins and kept in absolute alcohol. This makes a much better ligature than when the catgut is prepared according to the formula given last year, and which was formerly used in Germany. According to that method, the catgut was kept in a solution of sublimate in alcohol and glycerin, which made it unsatisfactory. We also sometimes make use of the ligature prepared according to the method of Kocher, of Berne, namely, first putting the catgut into the oil of juniper twenty-four hours, and afterward into absolute alcohol. Both of these kinds of catgut are great improvements on the oily catgut of Lister, not slipping, and being much easier to handle, as well as more satisfactorily antiseptic. The chromic-

\*This is easiest tested by dropping some lime-water on the dressing. If a yellow spot is seen, bichloride is yet present; if a black spot appears, calomel has formed.

†In operations involving the thoracic and abdominal cavities the carbolic spray continues to be employed.

and-sulphurous-acid dry catgut of Lister has been found to be too hard and insoluble, and has therefore been discarded. The possibility of absorption of the corrosive-sublimate solution causing toxical effects has been kept in mind, and has led some to the use of a milder antiseptic, such as that suggested by Thiersch, of Leipsic, which, consisting of boric acid six parts, salicylic acid one part, and water five hundred parts, is called the boro-salicylic solution. This is allowed to flow over the wound in the course of the operation, the final washing being made with the corrosive-sublimate solution. Schede, however, informed me that he had employed the corrosive-sublimate solution in over a thousand cases, and had found toxical effects in only three or four instances, and then only as a stomatitis or a diarrhea not requiring the dressing to be abandoned. I myself have not seen, so far, any poisonous effect from the use of the sublimate solution. It sometimes causes a slight erythema around the edges of the wound, but no more so than do carbolic acid and iodoform, and not so much as does subnitrate of bismuth, which is an antiseptic that has recently been introduced to us by Kocher, of Berne, but which unfortunately has no control over erysipelas.

All hemorrhage having been checked and the parts cleansed, you proceed to sew up the wound, using catgut, not silk, for this purpose. If silk be used, it must have been previously impregnated with the corrosive sublimate. Instead of the ordinary interrupted suture, the continued suture is what is now employed, and, if it is necessary to recross the stitch, no disadvantage results from that fact. There must be sufficient space left to admit of an ordinary rubber draining-tube, or that introduced by Neuber, made of decalcified tubes cut out of bone. You can make them, however, of chicken-bones, for instance, by placing such in dilute muriatic acid until only the soft part remains. In cases of amputation, or wounds where it is important to get primary union, it is desirable to use these decalcified tubes, as, in the course of four or five days, the major portion of them will have been absorbed or dissolved, making it unnecessary to remove

the dressing in order to get rid of the tube, which we are obliged to do when the rubber draining-tube is employed. One objection to the bone tube is that it often becomes absorbed too quickly;\* to obviate which Küster, of Berlin, keeps it in absolute alcohol before use. Having cleansed the wound carefully by squirting the sublimate-solution through the drainage-tube, you place over it several sponges to firmly compress it, and then take a piece of sublimate gauze, called a handkerchief technically, clap it over the center of the wound, and with it, in lieu of the sponges, make considerable pressure, and over that place half a dozen more pieces, in each instance renewing the pressure over the face of the wound. Then, over the central portion, you may apply either more of these handkerchiefs, or a compress of several thicknesses of sublimated gauze. The gauze should not be in too damp a condition, in order that, when the bandage is applied and firm pressure made, it may retain a degree of elasticity and better secure rest. After securing your handkerchiefs over your wound by a few firm turns of sublimated gauze bandage, you apply your absorbent dressing, consisting of peat, wood-wool, or whatever it may be, done up in bags of suitable size and shape. These bags are from one to two inches thick, and tacked together in a number of places to preserve an even thickness. You may apply three or four smaller ones, adapting them about the wound, and then a larger one over these, and bind all firmly with a crinoline bandage dipped in the antiseptic solution, tucking sublimated cotton under the free edge where needed. We do not use any impermeable substance on the outside of these dressings, as is done by Lister, as a precaution against the volatility of his carbolic acid. That is not necessary in the more permanent dressing; moreover, the pads are very thick, and the discharges do not readily reach the outer surface. There is, moreover, an objection to the impermeable outer covering, in that it not only preserves the moisture

\*Another is that, when kept in carbolized oil for some time, they become too soft. They can be hardened by placing them in alcohol and glycerin, equal parts, adding to the mixture half a grain of sublimate to the ounce.



of the dressing, with which it is employed, but it also retains the perspiration which takes place in the limb, and thus acts too much as a poultice.

If you find that on the second or third day there is no elevation of temperature, you may consider that your patient is doing well. If you find a slight staining from the discharge coming through the dressing, just douche the parts with the bichloride solution, and apply over the place an additional mass of sublimate cotton or gauze, and let matters go a day or two. In other words, we do not change the dressing until we find some decided signs that things are going wrongly. In fact, Esmarch told me that he did not consider a mere elevation of temperature of itself to indicate the need of change in the dressing. I should not be inclined to accept that view, but should consider an elevation of temperature persisting for twenty-four hours a sufficient reason for removing the dressing and searching for the cause.

On account of the action of the bichloride solution upon metals, we are still in the habit of immersing our instruments in a five-per-cent solution of carbolic acid.

PHYSOSTIGMA AND ESERINE IN THE NIGHT-SWEATING OF PHTHISIS.—Dr. William Murrell, F. R. C. P., writes in the Practitioner as follows: I have used physostigma and the salts of its alkaloid in the treatment of the night-sweating of phthisis for nearly two years, and have notes of over fifty cases. Of these thirty-three were males and seventeen females. Of the adults thirty-eight were between the ages of twenty and thirty-nine. The oldest patient was forty-nine, the youngest was a girl of four. They were all out-patients at the Royal Hospital for Diseases of the Chest, and they were all suffering from phthisis. Their symptoms were those usually met with in these cases—cough, expectoration, more or less hemoptysis, loss of flesh, and night-sweating. With regard to physical signs, all stages of the disease were represented; in some there was simply consolidation, others had moist sounds over the chest, and in others again the indications of the existence of a cavity were apparent. The sweating was



in every instance profuse, only well-marked cases being selected for observation. It is hardly necessary to say that while the physostigma was being taken no other treatment was adopted. The only exception to this was in the case of cod-liver oil. If the oil had been taken continuously for some time, it was thought better to allow the patient to go on with it rather than to introduce a disturbing element by discontinuing its use.

Of the fifty cases thirty-four were treated with physostigma itself. The preparation was the extract, the dose one tenth of a grain made into pilules with sugar of milk. In ten cases one pilule only was given at bedtime, and in eight of these the sweating was completely arrested by the fourth or fifth night. Of the two cases of failure, one was relieved by two pilules of physostigma at bedtime, and the other by a twenty-grain dose of agaric. In twenty-four cases the physostigma pilules were given three times during the night, and this gave even better results. In most cases the sweating was checked the first or second night, and in every case it had almost ceased by the end of the week. In some cases, where there was profuse sweating during the day as well as at night, a pilule was given every four hours. The dose is too small to produce "untoward effects," and no hesitation need be felt in repeating it frequently. The sweating, once stopped, does not as a rule return for three weeks or a month, but at the expiration of that time it is usually necessary to resume the treatment. In two cases in which the physostigma failed to act promptly, Shoemaker's oleate of zinc was used as a dusting powder at bedtime with excellent effect. This new oleate is a beautiful grayish-white soft powder, but as it has a slight though hardly perceptible odor, it should be prescribed with the addition of one five-hundredth part of thymol. The combination is a pleasant one and succeeds admirably, not only in excessive sweating, but as a remedy for many acute and irritable skin diseases.

I have used three salts of eserine—the hydrobromate, salicylate, and sulphate—and all three answer equally well. The dose

best adapted for the treatment of excessive sweating is the sixtieth part of a grain, and this may be conveniently made into pilules, one to be taken three or four times during the night. In fifteen consecutive cases in which I gave them I had no failures, although it is hardly likely that this mode of treatment will succeed in every case.

Physostigma is undoubtedly a good remedy for excessive sweating, but there is no reason to suppose that it will take the place of other and better known modes of treatment. It may be said that we have now so many remedies for sweating, that practically it is not desirable to extend the list. This may be true, but on purely pharmacological grounds the use of calabar bean to check sweating is of interest.

In one case of phthisis I gave the patient at intervals six hypodermic injections of a sixtieth of a grain of sulphate of eserine. The temperature was taken every four hours for six weeks, but I could not see that it influenced it in any way.

ON CERTAIN MODIFICATIONS OF THE OPERATION FOR SQUINT.  
Dr. Charles Bell Taylor says, in a clinical lecture on squint, reported in the *Practitioner*: The operation for convergent strabismus is usually attended with most favorable results, and, provided that the tendons only of the internal recti are divided, but little after-treatment is required. The method I have adopted in such cases is a modification of the late Von Graefe's operation, whose practice I had an opportunity of witnessing when a student in Berlin. Von Graefe used to make an incision directly over the insertion of the internal rectus, expose the tendon, and divide it on a small hook. This procedure involved either an open wound or a suture, and in order to obviate the inconvenience attending the insertion and subsequent removal of a thread, I have been in the habit of making an incision directly over the lower border of the internal rectus muscle, inserting a small hook beneath the tendon, causing the extremity of the hook to project beyond its upper border and cutting on the point, thus dividing the attachment of the tendon under the small bridge

of conjunctiva, which is allowed to remain. In this way we have a small puncture and counter-puncture but no open wound, and the tendon, and the tendon only, is divided as readily as though it had been laid bare.

In external strabismus, if the case is slight, I divide the external rectus subcutaneously, and insert a suture just over the tendon of the inferior rectus. Having thus secured the control of the eyeball, I turn it inward and secure it in this position by attaching the suture to the internal canthus. This forced inversion of the eyeball is maintained for some days, and the external rectus, being as it were compelled to attach itself further back on the eyeball, loses its power of abnormally diverting the globe, and the deformity is removed.

In medium cases I divide the internal and external recti muscles subcutaneously, and secure inversion as before. In this case the internal rectus is brought forward and the external rectus is thrown back. The advantage of these methods of operating is that there is no open wound, no risk, and very little inconvenience to the patient.

In very marked cases, I have endeavored to simplify the ordinary and somewhat formidable operation by merely shortening the internal rectus, leaving the external rectus untouched. This is easily done by catching up the internal rectus tendon on a hook, exposing it, and freely separating its attachment to the sclerotic, seizing the tendon with forceps, and by two horizontal snips converting it into a narrow strip. The base of this strip is then transfixed by a needle armed with a thread, half an inch or more of muscular tissue cut off, and a firm attachment to the sclerotic immediately over the inferior rectus tendon secured by perforation with a needle attached to the other extremity of the thread. The two ends of the ligature are then carefully drawn together, while the eyeball is turned inward, and any required amount of inversion is thus obtained. This method of operating is quite as successful in result as any operation can be. It is scarcely more formidable than the ordinary tenotomy for internal squint. The external rectus is untouched, only one

suture is required, no anesthetic is usually necessary, and the operation is one that admits of rapid execution.

FIBROID POLYP OF THE FEMALE URETHRA SUCCESSFULLY REMOVED.—Miss L., aged twenty-one years, had vesical trouble for two years prior to the time she was seen by me. There was great difficulty in making water, the stream coming frequently in a small interrupted jet, and sometimes dribbling away. She had a constant desire to micturate; this was exceedingly painful, attended with a scalding, burning sensation; the urine at times tinged with blood. After the completion of the act of urination there was a marked tormina and tenesmus of the bladder. If the bladder could not be emptied immediately, an involuntary discharge of urine took place. The patient, very despondent, suffered from various nervous phenomena; tongue foul; frequent headache; acid eructations; gaseous collections in the bowels; fullness and painful sensation in the lower part of the hypogastric region, and darting, lancinating pains in the small of the back, extending down the thighs. The attention of the patient was frequently directed, while walking, to a painful swelling at the upper anterior portion of the vaginal outlet; so disagreeable did this sensation become that she was debarred from taking the necessary out-door exercise. The general constitutional symptoms and the local vesical trouble were greatly aggravated at each monthly epoch. On passing my finger into the vagina along the under surface of the urethra, and at the junction of the latter with the bladder, I could distinctly detect the presence of a growth. There was but little mobility in the tumor. A silver catheter passed along the urethra was arrested about half an inch anterior to the neck of the bladder, but with a little patience the instrument passed the growth, entering the bladder. The effort gave considerable pain. Withdrawing the catheter, a small probe was passed between the upper wall of the urethra and the tumor; the only point of obstruction being the lower wall, where it was believed the tumor was attached. Finding the urinary meatus patulous,



the finger was passed into the urethra up to the obstruction, which was found to be a pedunculated growth, the body being bent backward into the bladder.

On May 19, 1883: The patient under the influence of chloroform, a grooved director was passed down the urethra to the neck of the tumor, a bistoury was pushed through, dividing the urethral canal along the groove of the director from a point one quarter of an inch from the meatus back to the attachment of the growth. Through this wound a pyriform-shaped fibroid polypus was drawn out, the body about the size of an egg, with a short, constricted neck. A needle armed with a double carbolized ligature was passed through the pedicle close down to the wall of the canal, the base securely tied, and the tumor excised a little above the loop. After cleansing the parts with carbolized water, the wound was closed by eight interrupted silver wire sutures. A rubber tube was placed in the bladder to conduct the urine. The patient complained of some tenderness at the lower part of the bowels. For forty-eight hours after the operation there was febrile reaction, with vomiting of bilious matter.

The vagina and bladder were syringed daily with carbolized water. Sutures removed on fifteenth day. Wound healed. The patient was entirely relieved of all vesical trouble. (North Carolina Medical Journal.)

ON THE USE OF LYTHRUM SALICARIA.—Dr. Campardon, in the *Bulletin Général de Thérapeutique*, extols the use of this remedy very highly in acute or chronic inflammation of the gastro-intestinal mucous membrane. In his opinion, the previous want of success in its use has been due to the way in which it has been prepared; as for example, it has been used more as a decoction than as an infusion—containing tannin and a large proportion of mucilage, as it does, a prolonged *coction* would destroy the mucilage. He cites cases of dysentery, of acute and chronic diarrhea, particularly when dependent on an atonic condition of the intestine—or as observed in the convalescence



of typhoid fever—and in the diarrhea of children occurring in the course of dentition, where he has readily and easily checked the disorder. The drug has shown that it has not only a slightly astringent character, due to the tannin, but also that the mucilage quiets the pain, modifies the secretions, and manifests a general sedative action. The effect of the drug does not seem to be to produce the dry, painful constipation, as with bismuth, for example, but rather to restore the condition of the bowels and stools to their natural state. An excessive dose (ten to twelve grams per day) will produce a gastric disturbance, giving the mouth a taste of the drug, an increase in the number of passages to sometimes six per day, and a diminution of the appetite. In affections of the buccal mucous membrane, as ulitis and aphthæ, the tincture of lythrum has been very serviceable. In coryza acute vaginitis with hypersecretion, chronic catarrhal vaginitis, vulvar prurigo, eczema and intertrigo, the drug, powdered and applied locally, has proved beneficial. In the acute stage of varicose ulcers, the powder of lythrum has lowered the temperature, relieved pain, and hastened the formation of the cicatricial pellicle; the ulcer being washed morning and evening with a strong infusion of lythrum, and the powder renewed daily over the surface of the ulcer. Its use has been recommended in hemoptysis, but Dr. Campardon tried it in several cases without success. The preparations are:

*Infusion*—thirty to forty grams of the leaves and incised stalks to one thousand grams of water.

*Powder*—three to five grams in twenty-four hours, one gram in a wafer as a dose. The highest dose used was eight grams, in a case of chronic diarrhea of four months' standing, which was relieved in less than three weeks.

*Extract*—two to four grams a day, in solution; children take readily a syrup made of one gram of the extract to thirty grams of syrup, given by the coffeespoonful each hour. The extract mixed with the powder to form pills of twenty centigrams each is more acceptable to some persons than the powder alone.

*Tincture*—twenty drops on a lump of sugar, four or five times a day.

For external use—three to four or five tablespoonfuls in a sufficient quantity of water to form an injection or lotion—or, dissolved in the tincture of salicylic acid (one gram to twenty-five grams), two or three tablespoonfuls in a sufficient quantity of water as an injection or lotion.

RETENTION OF PLACENTA AFTER DELIVERY IN A UTERINE POCKET.—Prof. Herrgote (*Memoires de la Societe de Medicine de France*) relates a case, with admirable illustrations, of what he calls *enchatonnement* of the placenta. It is not easy to translate this phrase satisfactorily, but it signifies a condition of things which would resemble closely what we know as the hour-glass contraction of the uterus, were it not that there is an independent pouch projecting from the walls of the uterine fundus which incloses the placenta. The case, so far as the phenomena of labor and delivery of the child is concerned, appears to have been normal. The history of the case showed that bad treatment during pregnancy had been sustained, such as kicks upon the belly and three falls upon the back upon the staircase; but this treatment did not seem to be followed by any ill effects. The placenta not coming away in due time after delivery of a child by vertex presentation, abdominal palpation found the uterus two finger breadths above the umbilicus, hard and markedly bi-lobed. The principal lobe was the highest and to the right. Attempts were made to remove the placenta by introducing the hand into the uterus, and it was found to correspond in situation with the upper abdominal tumor—the cord attached and passing through a narrow orifice, which only admitted two fingers. The cord was detached from the placenta by the traction made upon it, and the constriction would not yield to any efforts at dilatation. No further efforts at removal were made, and the patient died of purulent peritonitis at the end of the fifth day.

The post-mortem showed a uterus having a long axis, directed

superiorly to the right, measuring 0 m .17. The entrance of the right fallopian tube was seen to be on a level with the constriction, which led into a lobe measuring 0 m .07 in diameter, and 0 m .07 in height. The origin of the left fallopian tube was 0 m .03 below the seat of constriction. The uterine walls were firm throughout, being of the thickness of 0 m .015 in the body of the uterus and of 0 m .003 in the punch or lobe which contained the placenta.

This examination showed that the condition was not due to a vice of conformation, to a duplicity, complete or incomplete, of the uterus; that it was not produced by a spasmodic contraction of the womb, but that it rather resulted from the non-contraction of that portion of the uterus upon which the placenta was attached, and which was afflicted with inertia, while the remaining portion of the uterus contracted, thus being passively distended over its contents and thinned in its walls, becoming a true hernial pouch on the uterine surface, the constriction to which became more and more pronounced as the body of the uterus diminished in size.

**FEMALE EDUCATION.**—Dr. Clouston, in a lecture on this subject delivered before the Philosophical Institution of Edinburgh, and published in the *Popular Science Monthly*, says: If the education process for the female is to be just on the lines of that for the male, if the mold into which the brain of each is to fit is to be the same type—and there is no question of emasculating the male type—then, undoubtedly, in the result, we must expect to find a change in the female type of mind. Very many competent observers say that this is actually very apparent in some of the school-girls of the present day. The unceasing grind at book-knowledge, from thirteen to twenty, has actually warped the woman's nature and stunted some of her most characteristic qualities. She is, no doubt, cultured, but then she is unsympathetic; learned, but not self-denying. The nameless graces and charms of manner have not been evoked as much as they might have been. Softness is deficient. It takes much to alter the

female type of mind, but a few generations of masculine education will go far to make some change. If the main aims and ambitions of many women are other than to be loved, admired, helped, and helpful, to be good wives and mothers with quiverfuls of children, to be self-sacrificing, and to be the centers of home-life, then those women will have undergone a change from the present feminine type of mind.

Dr. Clarke, in his book, "Sex in Education," says: "Experience teaches that a healthy and growing boy may spend six hours of force daily on his studies, and leave sufficient margin for physical growth. A girl can not spend more than four, or, in occasional instances, five hours of force daily upon her studies, and leave sufficient margin for the general physical growth that she must make in common with a boy, and also for her own development."

RESORCIN IN CUTANEOUS DISEASES.—Though the author does not claim great experience in the treatment of diseases of the skin by resorcin, yet he regards the results he has attained as so uniformly good as to be worthy of reporting. In facial and "migrating" *erysipelas* he has used a two-per-cent solution of the drug locally with good effect. This, combined with the internal use of the same drug, in doses of four to eight grams (sixty to one hundred and twenty grains) a day, when fever was present, caused a rapid defervescence, and checked the progress of the disease. In *wounds* of the skin and in vulvo-vaginal wounds following parturition, even when a diphtheritic process has been set up, resorcin in solution of ten per cent or less exerts a rapidly favorable action. In a number of cases of *impetiginous eczema* of the head and face, he used the following ointment:

R Resorcin, . . . . .	1.0 to 2.0;
Vaselin, . . . . .	10.0.
Ft. unguent.	

This, after five to eight applications, caused the crusts to dry up and disappear, leaving a rosy spot. Where the crusts are



very large, and on being removed show a denuded surface, this ointment being used, the crusts form again in finer layers, and at last disappear. The serous oozing of eczema is also immediately checked by this ointment.

In *varicose superficial ulcers* he uses either the ointment or a two-per-cent solution with good effect. In exuberant granulations which bleed easily he uses pure resorcin instead of cauterizing with arg. nitrat. This produces a whitish or greenish eschar, cleans up the surface, and removes the exuberant granulations. For further treatment he applies compresses of one to two-per-cent solution. In some cases it is well to substitute a ten to fifteen-per-cent ointment for the lotion.

In a case of *epithelioma* of the skin he used the above ointment with a mitigating effect on the pain, a checking of the spreading, and a cleaning of the sore.

He believes that resorcin has a special affinity for the epithelial tissue of the skin, improving its nutrition, modifying new formations, and destroying pathological new cells. (*Gior. Ital. delle Malattie Veneree e della Pelle.*)

THE LITHOPHONE.—This instrument was invented by James McKinzie Davidson, M.B., C.M., and is the result of his experiments with a rubber tube attached to the handle of a sound in an attempt to transmit the impression of the striking of the end of the sound against a calculus in the urinary bladder, to the ear. As described in the *Lancet*, the sound has a hollow cylindrical handle, open at the end like the mouth of a gun. The stem is of solid steel, and nickel plated, and does not differ from the short-beaked sounds new in use. The handle is two inches and a quarter long, and hollow, with a diameter of half an inch. Externally, it has roughened longitudinal ridges, for convenience in manipulation. A piece of small and light India rubber tubing, about thirty inches long, is bent at one end, and the loop so formed is thrust into the tubular handle. The other end, fitted with an ivory or bone ear-piece (such as is used with the otoscope), is put into the ear, where it should remain fixed with-



out requiring to be held. A binaural arrangement can be easily made of this, which would greatly intensify the note, and with it two persons can listen at the same time, and so verify the diagnosis with greater exactness. A modification of this is also given, in an egg-shaped bulb at the extremity, instead of the looped end, which barely exceeds half an inch in its widest diameter, and is squeezed into the tubular handle.

In its practical use, a particle of sand weighing less than one five-hundredth of a grain, lying on cotton wool, was detected by hearing its contact with the lithophone; and Alexander Agston, Professor of Surgery at Aberdeen, gives the details of a case where a man was admitted to hospital suffering from bladder symptoms which pointed to the probable existence of a calculus. The use of the sound by the sense of touch did not detect the stone, but by the use of the lithophone its presence was apparent to every one. The stone was crushed by the lithotrite, whose index gave it a diameter of three-eighths of an inch.

VARIATION AND DISAPPEARANCE OF CARDIAC MURMURS.—Dr. E. Hyla Greves writes concerning the variations and changes so often observed in certain cardiac murmurs, dependent on definite organic lesions. He relates the histories of several cases, from a study of which he draws the following conclusions: (1) Although murmurs are among the most constant of the physical signs of heart disease, still their presence does not necessarily indicate the existence of incurable lesions, nor their absence that such lesions are not present. In forming a correct diagnosis and prognosis of any case, therefore, too much reliance must not be placed upon the presence or absence of murmurs, but other symptoms must receive careful consideration, for often on them alone is it possible to form a correct diagnosis. (2) The presystolic murmur of mitral stenosis, the most typical of all murmurs, occasionally disappears, the lesion still remaining. Mitral regurgitant murmurs, when due to simple relaxation or the heart's muscle and dilatation of its cavities and orifices, as

in chlorosis and general febrile conditions, in most cases completely disappear under appropriate treatment. (3) Tricuspid regurgitation is occasionally a temporary condition, due to bronchitis, etc., and when the cause is removed this condition is recovered from, as is indicated by the disappearance of the murmurs. (4) Aortic systolic murmurs, due to a permanent lesion at the aortic orifice, may undergo changes in their intensity, but never completely disappear. (5) Aortic diastolic murmurs in certain extremely rare cases have been known to disappear. In these cases a systolic aortic bruit is always present and remains persistent, thus indicating the existence of the lesion. (6) Pulmonary systolic murmurs are persistent when due to an organic lesion; but if non-organic, may disappear temporarily or permanently. (Liverpool Medico-Chirurgical Journal.)

BROMIDE OF ETHYL AND NITRO-GLYCERIN.—Professor O. Berger has found bromide of ethyl useful, (1) In neuralgic conditions of the nerves of the face and head, in megrim, and in nervous headache and heaviness. The inhalation of twenty to forty drops of the remedy several times a day has lessened headache in cases where quinine, salicylic acid, caffeine, and guarana had all proved useless; and in three cases of headache connected with cirrhosis of the kidney it was better than any other remedy. (2) In neurasthenia: it is here given in doses of from one to three grams twice or thrice a day if necessary. (3) In epilepsy: here it is of very little use, although Bourneville and D'Ollier considered it useful. They narcotized their patients daily for ten to twenty minutes with it, but when given in doses of one gram daily by inhalation it is useless. It is besides expensive, and causes much depression. When inhaled before or during the epileptic attack it only prevents or cuts it short in exceptional cases. (4) In hysteria it is of more use. The attack of hysterio-epilepsy may sometimes be cut short by narcotizing with it for ten or fifteen minutes, eight to twelve grams of the drug being required. When given in doses of a half gram

to two grams by inhalation once or twice a day, it may avert a threatened attack of hystero-epilepsy. (5) In several cases of psychical excitation the bromide of ethyl has proved serviceable. The author finds nitro-glycerin also useful in headache. (*Breslauer ärztl. Zeitschrift.*)

CACTUS GRANDIFLORUS IN SEXUAL EXHAUSTION.—Dr. Pitzer says, that while other remedies are required to effect a permanent cure, nothing will give more speedy relief in this condition than cactus grandiflorus. It immediately strengthens the cardiac plexus of the sympathetic and improves cardiac nutrition of the heart. The pulse becomes regular. The expression is hopeful, and past sufferings seem to have been only dreams. It may be said that these symptoms are all secondary, and that cures can not result from drugs prescribed for these. This is true, but no drug, no matter how effective in healing the original disease, can possibly effect its purpose so certainly and so speedily while the patient is laboring under the terrible nervous symptoms above narrated, which so quickly pass away under the influence of cactus. The primary disease has sometimes, to a great extent, disappeared, but continued long enough to excite the cardiac neuroses referred to. This secondary lesion has existed so long that it does not readily pass away, though the original disease be gone. Here the cactus is not only indirectly curative, but it cures in fact. In all these cases:

R. Tinct. cactus grand., . . . . . ʒj;  
 Aquæ, . . . . . ʒiv.  
 M. Sig., one teaspoonful four times a day.

In some cases it is combined with pulsatilla, in others macrotys. (American Medical Digest.)

AIR IN THE UTERINE SINUSES—DEATH.—Dr. Gustave Braun, of Vienna, asserts that, even in normal labors, when the vaginal cleft is large the entrance of air into the genital tract is very easy, and further, that by mechanical means, as, for instance,

injecting fluids into the uterus, this air may be pressed into the veins of the uterus, causing rapid death. He relates a case showing how by manipulation of the uterus air may be pressed into the sinuses. A strong, healthy bipara had a normal labor, her position being on the left side. Immediately after the delivery of the baby the woman was turned to the dorsal decubitus and massage of the uterus begun, the placenta followed quickly and easily. Suddenly, with a convulsive quiver, she lay motionless, deep collapse, gasping respiration, and death followed in short order, in spite of all efforts. At the autopsy air bubbles were found in the veins of the uterus, neck and the heart, fully confirming the diagnosis, made before death, of paralysis of the heart from the presence of air in the circulation. Braun gives the following explanation of the case: By the change in position air entered the gaping vagina, was drawn into the cavity of the uterus by the manipulation of that organ, then, the cervical canal being filled by the placenta or otherwise, the continued pressure on the fundus forced the air into the gaping sinuses. Braun believes that many so-called cases of post-partum collapse find a sufficient explanation in this case.

DELIVERY PREVENTED BY AN ENLARGED FETAL SPLEEN.—Surgeon-General Chas. R. Francis, of the British army, reports in the Medical Press and Circular this very singular case. A well-formed, native female, aged twenty, was taken in labor with her first child, and attended by a native midwife. The labor had continued for several hours, when the civil surgeon was called, his services being desired owing to the cessation of all pains after the delivery of the head. The child was dead, but he corrected the position with facility, bringing the shoulders down and hooked down the arms with his fingers. In this position traction was practiced for two hours without any advance. At this time the head became detached. The woman was then placed under chloroform and podalic version performed, but still without effecting delivery. It was decided to open up the child's abdomen, the distension of which was an obstacle to



delivery. A guarded scapel was introduced, and after the opening was made, an enormous and hard tumor was detected, which required to be broken up before it could be removed. The delivery was then easily accomplished, and it was then discovered that the tumor was an enormously enlarged spleen. The placenta came away in eight hours without flooding, and the woman made a complete, though slow, recovery. (Md. Med. Journal.)

TREATMENT OF WENS BY ETHER INJECTIONS.—A communication to the *Bulletin Générale de Thérapeutique*, by Dr. Lemoyez, Interne at the Hôpital St. Louis, Paris, discusses the different methods of treatment of sebaceous cysts of the face and scalp, and recommends parenchymatous injections of pure sulphuric ether. A case is reported of a man debilitated and affected with chronic alcohol-poisoning, therefore a bad subject for a surgical operation, who was relieved of a wen of five years' growth by ten hypodermic injections of ether, practiced at intervals of a day or two. The result was the conversion of the tumor into a cyst with fluid contents, the evacuation of the same, and speedy destruction of the cyst-wall by inflammatory action. In the case quoted, the treatment resulted in a perfect cure in a month, without keeping the patient in bed or restricting his movements as would have been required by the ordinary operation. The advantages claimed for this method are its simplicity, painlessness, and efficiency, without exposing the patient to the risk of a surgical operation, or in any way interfering with his business. The injections are made into the interior of the cyst, five or ten drops at each sitting, the needle of the hypodermic syringe being moved about so as to break up the contents as much as possible. They are discontinued when inflammation or suppuration begins. (Medical Times.)

INFLUENCE OF MORPHINISM ON PREGNANCY.—In the Société de Biologie, of Paris (*Comptes Rendus*), M. Ch. Féré gave his observations in a young woman of twenty-two years, who was



hysterical and the daughter of a hysterical mother, who was addicted to morphinism. She had been using morphine freely for three years, at first for facial neuralgia, when she became pregnant. It being advisable to diminish the dose, she was taken with intense uterine colics. At the time the dose was diminished she was taking twenty-four centigrams of chlorhydrate of morphia per day hypodermically, and was six months advanced in pregnancy. At the time of her confinement she was taking only sixteen centigrams. M. Tarnier attended her through a normal labor. A progressive diminution of the dose of morphine was continued, but at each effort at reduction the uterine colics were reproduced, and the uterine contractions checked the discharge of the lochia, causing a complication which required much care in the degree of diminution.

With the child there was also curious phenomena noted. During pregnancy the active movements of the child seemed to resent the absence of the morphia. After birth the child remained sixty hours without sleeping. There was evidently in this a relation between the absence of morphia in the mother and the insomnia in the child.

**FORCEPS IN BREECH PRESENTATIONS.**—Prof. W. T. Lusk has reported to the Practitioners' Society of New York a case in which he applied forceps to the breech. A primipara, aged thirty-two, had had a long first stage, when the cessation of pains made operative interference necessary. The breech presented high up in the pelvic cavity with both thighs flexed. Unsuccessful effort was made to extract the breech by traction with the index fingers hooked into both groins: it was then decided to try forceps. One blade of the ordinary Simpson forceps was applied over the sacrum, the other over the posterior surface of the opposite thigh. The forceps did not slip; the breech was brought to the perineum, and a living child, weighing eight pounds, was delivered in fifteen minutes from the beginning of the operation. The only injury occasioned by the forceps was a slight abrasion of the abdomen, which healed quickly.

## Notes and Queries.

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THE LOUISVILLE MEDICAL HERALD.—Dr. Dudley S. Reynolds, the founder and editor of the above monthly, has sold it to Drs. Edward Miller and W. H. Galt, of this city. The publishers remain the same.

Dr. Reynolds's reasons for parting with the Herald are stated in his valedictory to arise from the demands of private practice, and the desire to have increased time to give to an original work on the eye, which he is now engaged in preparing.

As an editor, Dr. Reynolds exhibited many commendable qualities, and his readers whom he served with praiseworthy fidelity will experience much regret in his retirement.

The purchasers of the Herald are neither of them without experience in their work. Dr. Galt, particularly, is acquainted with journalistic methods, having been an editor of the Louisville Medical News when that brilliant sheet was engaged in correcting, in its own unequaled way, certain abuses, and shattering certain shams which had grown up in more than one medical school both here and elsewhere. During his connection with the News Dr. Galt brought himself before the medical public as a forcible and very pleasing writer.

Dr. Miller, besides being a welcome contributor to the medical press, conducted with much ability the American Bi-Weekly and the Richmond and Louisville Medical Journal during the long illness of their proprietor.

We wish the Herald increased prosperity under its new management.

The foregoing notice was intended for the January number of the AMERICAN PRACTITIONER, but in some way was omitted. Meanwhile the first issue of the Medical Herald under its new editors has been received.

In paper and press-work the *Journal* appears unchanged. Referring to its contents, it requires no prophetic eye to see that if the tone of its salutatory and the petty spite lurking in a couple of feeble lampoons which it indites are to be received as samples of what is to follow, the days of the *Herald*, like those of man born of woman, will be "few and full of trouble."

SCIENCE AND RELIGION.—While the beliefs to which analytic science thus leads are such as do not destroy the object-matter of religion, but simply transfigure it, science under its concrete forms enlarges the sphere for religious sentiment. From the very beginning the progress of knowledge has been accompanied by an increasing capacity for wonder. Among savages, the lowest are the least surprised when shown remarkable products of civilized art, astonishing the traveler by their indifference. And so little of the marvelous do they perceive in the grandest phenomena of Nature that any inquiries concerning them they regard as childish trifling. This contrast in mental attitude between the lowest human beings and the higher human beings around us is paralleled by the contrasts among the grades of these higher human beings themselves. It is not the rustic, nor the artisan, nor the trader, who sees something more than a mere matter of course in the hatching of a chick; but it is the biologist, who, pushing to the uttermost his analysis of vital phenomena, reaches his greatest perplexity when a speck of protoplasm under the microscope shows him life in its simplest form, and makes him feel that however he formulates its processes the actual play of forces remains unimaginable. Neither in the ordinary tourist nor in the deer-stalker climbing the mountains above him does a Highland glen rouse ideas beyond those of sport or of the picturesque; but it may, and often does in the geologist. He, observing that the glacier-rounded rock he sits on has lost by weathering but half an inch of its surface since a time far more remote than the beginnings of human civilization, and then trying to conceive the slow denudation which has cut out the whole valley, has thoughts of time and

of power to which they are strangers—thoughts which, already utterly inadequate to their objects, he feels to be still more futile on noting the contorted beds of gneiss around, which tell him of a time, immeasurably more remote, when far beneath the earth's surface they were in a half melted state, and again tell him of a time, immensely exceeding this in remoteness, when their components were sand and mud on the shores of an ancient sea. Nor is it in the primitive peoples who supposed that the heavens rested on the mountain-tops, any more than in the modern inheritors of their cosmogony who repeat that "the heavens declare the glory of God," that we find the largest conceptions of the universe or the greatest amount of wonder excited by contemplation of it. Rather, it is in the astronomer, who sees in the sun a mass so vast that even into one of his spots our earth might be plunged without touching its edges; and who by every finer telescope is shown an increased multitude of such suns, many of them far larger.

Hereafter, as heretofore, higher faculty and deeper insight will raise rather than lower this sentiment. At present the most powerful and most instructed intellect has neither the knowledge nor the capacity required for symbolizing in thought the totality of things. Occupied with one or other division of Nature, the man of science usually does not know enough of the other divisions even to rudely conceive the extent and complexity of their phenomena; and supposing him to have adequate knowledge of each, yet he is unable to think of them as a whole. Wider and more complex intellect may hereafter help him to form a vague consciousness of them in their totality. We may say that just as an undeveloped musical faculty, able only to appreciate a simple melody, can not grasp the variously entangled passages and harmonies of a symphony, which in the minds of composer and conductor are unified into involved musical effects awakening far greater feeling than is possible to the musically uncultured, so, by future more evolved intelligences, the course of things now apprehensible only in parts may be apprehensible all together, with an accompanying feeling as



much beyond that of the present cultured man as his feeling is beyond that of the savage.

And this feeling is not likely to be decreased but increased by that analysis of knowledge which, while forcing him to agnosticism, yet continually prompts him to imagine some solution of the Great Enigma which he knows can not be solved. Especially must this be so when he remembers that the very notions, beginning and end, cause and purpose, are relative notions belonging to human thought, which are probably inapplicable to the ultimate reality transcending human thought, and when, though suspecting that explanation is a word without meaning when applied to this ultimate reality, he yet feels compelled to think there must be an explanation.

But amid the mysteries which become the more mysterious the more they are thought about, there will remain the one absolute certainty that he is ever in presence of an Infinite and Eternal Energy, from which all things proceed. (Herbert Spencer, in *Popular Science Monthly*.)

DIED.—In Sandy Hook, Conn., Wednesday morning, January 2d, of consumption, at the residence of her husband, Eliza Scott Garretson, wife of William C. Wile, M. D., aged forty-three years. Interment at Pleasant Valley, Dutchess County, New York.

We extend to our brother, Dr. Wile, the able editor of the *New England Medical Monthly*, our sincere and deepest sympathy in his bereavment. The announcement of the death of this charming and most estimable lady must be a great shock to her large circle of friends and admirers, as it has been to us. Even a brief acquaintance impressed one with the gentleness and force of her character, the sweetness of her disposition, and the beauty and power of her mind. To a physician such a loss is a terrible calamity, an irreparable loss. To him the beloved wife is especially the cherished life companion, the sharer of joys and sorrows, of triumphs and disappointments; the trusted friend and adviser, to whom nothing need to be explained because she



understands his motives and appreciates his aims. She is the inspirer of noble ambition, whose gentle voice is ever raised in behalf of goodness and truth, whose tender hand ever leads onward and upward.

Hope inspires the faith that in a brighter clime immortal spirits have bid her good morning to an eternal cloudless day. She has entered upon that life of higher and more glorious service of which her beautiful life on this earth was the promise and the dawn.

THE following tribute to the memory of Dr. Kirkbride, which appeared in the Philadelphia Evening Bulletin, is worthy of preservation:

O rare and radiant life, whose mission here,  
Like some strong angel's winged with love divine,  
Waited on human woe to heal and cheer,  
What high, unselfish, tireless zeal was thine:  
To fan with tender care the flickering spark  
Of waning reason and the shattered will,  
To find the missing clue, where all is dark,  
And guide to hope and light with patient skill;  
True pity thine which clasped each clouded heart,  
Nor on the lowliest ever looked askant,  
Swaying distempered minds with sovereign art,  
Gentle as woman, firm as adamant;  
Nor less shall memory keep the tranquil grace  
Of look and tone and bearing, staid and calm,  
The sweet serenity of form and face,  
Home's dearest solace, friendship's kindest balm.  
By this new grave no broken shaft we rear:  
Thy finished work has followed thee above,  
One step from duty, midst the shadows here,  
To the full sunshine of eternal love!

SHALL THE INDEX MEDICUS BE DISCONTINUED?—Five years' publication of the Index Medicus has proved conclusively, (1) That the mere cost of production (per annum) is not less than \$5,000. (2) That the maximum return from subscriptions at \$6 per annum has not exceeded \$3,600. (3) That the in-

crease of subscriptions during the past two years has been merely nominal. (4) That the limited circulation permits no material return from advertisements.

As the publisher agrees with the editors that—in justice to themselves as well as to those whose generosity has already been severely taxed—the *Index Medicus* must no longer be dependent on voluntary contributions, the undertaking must either be abandoned or at once be placed on the business footing of an equally shared support.

Since there are scarcely six hundred subscribers to whom the *Index Medicus* is, or seems to be, a necessity, the question to be determined is whether there remains a sufficient number of subscribers who are willing to continue their subscription at the requisite increase of price.

The editorial preparations requiring an immediate decision, subscribers are earnestly requested to respond without delay to the following questions:

1. If the future subscription price of the *Index Medicus* is fixed at \$10 per annum, are you willing to renew your subscription for 1884 at that rate?

2. Should not five hundred subscribers renew at \$10, will you be one of four hundred and seventeen subscribers who are willing to renew at \$12?

**POISONOUS WOOD.**—The use of a wood from Panama called *cokobola*, in the manufacturing interests in Bridgeport, is attracting the attention of the Connecticut State Board of Health. The wood is cheap, takes a brilliant polish, is easily worked, and is extensively used for knife-handles and ornamentation. Workers in the material are poisoned somewhat after the manner of sumac, although some are free from any defect. Swelling of the face, closing of the eyes, appearance of being burned on the hands are the usual symptoms. Some are attacked with distress in the stomach, with loss of appetite. One person, who was a confirmed smoker, after being poisoned has been unable to smoke or even stay in a room where there is any tobacco

smoke. Children playing in the sawdust of this wood, which had been dumped, were badly poisoned about their feet. At a large factory on Elm Street, where this wood is extensively worked, chickens in the adjoining yards are said to have all died from eating the dust that settles on the grass.

A NEW MODE OF BURIAL.—At a recent general assembly of the cement manufacturers at Berlin, says the *Lancet*, Dr. Frühling describes a new application of cement. He explained that it would be easy to transform corpses into stone mummies by the use of Portland cement, that substance, when hardened, not in any way indicating the organic changes going on within it. He further illustrated the subject by describing various industrial uses of lime as a preventive of decomposition. The cement in hardening takes an accurate cast of the features which it incloses, thus allowing of their exact reproduction after the lapse of centuries. It is suggested to use coffins of rectangular shape, it being further considered by Dr. Frühling that underground sepulture is needless, as the coffins soon become practically masses of stone, and can therefore be built into pyramids.

MONKEYS AND TUBERCLE.—Dr. J. B. Sutton, of Middlesex Hospital, in a communication to the "*Lancet*," disproves the current opinion that monkeys die chiefly from tubercle. Having been permitted to attend the post-mortem examinations of animals dying in the Zoölogical Gardens, Regent's Park, he personally inspected the remains of ninety-three monkeys. Of this number, three were found to have died of tubercle, twenty-two of bronchitis, three of lobar pneumonia, seven of lobular pneumonia, one of septic pneumonia, twenty-three of other diseases, including three of scrofula and four of typhoid fever, while in thirty-four cases no lesion was met with sufficient to explain the deaths of the creatures.

COMPOSITION OF CHERRY PECTORAL.—The agreeable taste and flavor of the proprietary mixture called "Cherry Pectoral"

make it quite a popular remedy. That it is often useful in cough is easily explained by its composition. It is in fact but one of the forms of the old and world-known combination of opium with antimony or ipecac, or with both, which is familiar to all practitioners :

Morph. Acet., . . . . .	gr. iij;
Tinct. Sang. Can., . . . . .	ʒ ij;
Vin. Antim. Tart., . . . . .	} āā ʒ iij;
Vin. Ipecac., . . . . .	
Syr. Pruni Virgin., . . . . .	ʒ iij.

THE DUKE OF CAMBRIDGE ON CHARITY.—At the opening of a soup-kitchen the Duke of Cambridge suggested the very humane sentiment that we should not be hindered in relieving people less fortunate and comfortable than ourselves because our charity will be abused by the undeserving. He thinks it better to err a little in the wrong direction than not to do good to those in want from no fault of their own. The *Lancet*, indorsing the views of the Duke, says: "When it is so much the fashion to apply a microscope to the merits of the applicants for charity, richer people might well question how many of their mercies they owe to their own merit."

WHAT, MORE?—As if there were not already enough medical colleges in the country, a bill has been introduced into the United States Senate providing for the establishment of a "University of Medicine." To support this proposed institution an appropriation of a million dollars is contemplated as an endowment fund. We are told that "allopathic, homeopathic, and eclectic methods are all to be represented by professorships." Besides the endowment fund, a further sum of a hundred thousand dollars is to be devoted to the purchase of land and the construction of the necessary buildings.

PROMOTION.—The prince-physician, Duke Charles Theodore of Bavaria, M. D., has been promoted to a lieutenant-generalcy but will not take any active part in military matters. A second



scientific scion of the Wittelsbach family, Prince Louis Ferdinand, recently married to a sister of the King of Spain, has in press a monograph of comparative anatomy on the human and animal tongue, with upward of a hundred and five illustrations. He made the investigations for his work partly in the Anatomical Institute of Professor Rüdinger, partly in his own laboratory at Nymphenburg Castle.

A BOON TO THE INSANE.—It is a happy augury for the insane that the abandonment of restraining apparatus in their management is not thought to have attained its completeness. The experience at this Hospital shows that the less such devices are employed, the less need there will be for any coercive measures. Restraining apparatus have been absolutely banished from the Alabama Insane Hospital, and there is probably not a Hospital in the United States in which advance in the same direction is not yearly made. (*The Meteor.*)

It is astonishing how profoundly ignorant many of our best educated people are of the modern methods of dealing with insanity. Visitors to the Hospital are surprised to see that not one of the five-hundred patients wears restraining apparatus of any kind—that there are no “cells” in the Hospital, but that the rooms are of good size, airy and comfortably furnished—that the patients are well dressed, well behaved, and conduct themselves as ladies and gentlemen. They are especially surprised to learn that it is seldom necessary to isolate even the most refractory patient. (*Ibid.*)

DR. EDWARD C. MANN, in his late work, *Psychological Medicine*, says, “It is possible to bring the treatment of the insane to that state of development when all mechanical restraint may be dispensed with advantageously. I feel sure that the complete non-restraint system will be adopted in the future, but the necessary conditions for this are that our asylums must not be overcrowded, as they are to-day, and that the patients must be under constant medical supervision.”



THE CINCHONA TREE.—According to Dr. Sach, of Buenos Ayres, there is no danger of an exhaustion of the quinine-supply. The experimental plantations in Java and the Island of Réunion have been very successful; and, besides these nurseries, the trees have been cultivated in Bolivia by the million for ten years. At three places in the last-named country, taken as they come, the number of trees growing is given, severally, at seventy thousand, two hundred thousand, and three million five hundred thousand.

SYRUP OF COFFEE TO DISGUISE QUININE.—Roasted coffee finely ground, four ounces, alcohol one ounce, sugar twelve ounces, boiling water sufficient. Pack the coffee firmly in a percolator provided with a cover, and pour on boiling water until eight fluid ounces of percolate are obtained. Then dissolve the sugar (in the percolate) by percolation, and finally add the alcohol as a preservative. The taste of two grains of quinine is said to be pretty well covered by a dram of syrup. (New Remedies.)

ALCOHOL FROM MELONS.—M. Sebas informs the *Academie des Sciences* (British Medical Journal) that he has discovered the means of extracting alcohol from the fermented pulp of melons. Alcoholic fermentation does not take place in the pulp, notwithstanding the sugar it contains, until sulphuric acid is added. Five quarts of alcohol can be extracted from eighty pounds of pulp.

THE SPLEEN A PORTAL HEART.—Dr. C. S. Roy has further developed his discovery that the spleen is the seat of perfectly rhythmical contractions and dilatations independently of cardiac and respiratory movements. That, in fact, the spleen may be regarded as "a portal heart." This appears to be a new and important fact in physiology. (Druggists Circular.)

TOOTH-WASH.—A tincture is made from chips of cedar wood, such as is used for the finer qualities of lead pencils, by

treating one part of it with five parts of brandy. In two hundred and fifty grams of this tincture dissolve oil of peppermint two grams, oil of anise one gram. A. Vomáčka states that this resembles Pierre's *Eau dentifrice*. (*Rundschau*, June 20, 1883.)

SASSAFRAS IN RHUS POISONING.—Dr. Hinton advises sassafras root in poisoning by rhus toxicodendron. A strong infusion is made of red sassafras root, allowed to cool, and then applied frequently by means of cloths wet in it. Recovery may be expected within twenty-four hours.

MILLEMAINE is the name of a new cereal which has been introduced into South Carolina, from Colombia, South America. It is allied to sorghum and Guinea corn, and has the merit of an almost unlimited capacity to endure drought. Cakes made from the meal have been described as better than corn-cakes, and the grain has been pronounced by the chemist of the Savannah Guano Company superior in food qualities to wheat.

A CASE OF DEATH FROM THE INHALATION OF ETHER occurred at a clinic at Bellevue Hospital recently. The patient was a boy with apparently sound lungs and heart. He was under ether for about an hour and a half, when he suddenly ceased to breathe, and all efforts at resuscitation failed.

THE NEW CODE.—The new code of New York is condemned by the London Lancet, which says it is beyond the power of the New York Medical Society to impose such consultations as are sanctioned by it on men who respect themselves or their patients, or the accumulated experience of the profession.

"OPHTHALMISTS."—The Medical Times and Gazette begins an editorial article as follows: "The ophthalmologists, or, as our American cousins would say, the 'ophthalmists,'" etc. This is a good specimen of "Americanisms" of foreign coinage. (New York Medical Journal.)

QUADRUPLETS.—The Canadian Practitioner contains an account of four living children at a birth, two boys and two girls, with but a single placenta. The mother was a small woman, weighing one hundred pounds, thirty-eight years old, and had nothing unusual in three previous confinements. The father is forty-one years of age, weighs one hundred and sixty-nine pounds, and is a strong, healthy, and robust man. He is reported as doing as well as could be expected.

A ROMANCE BY DR. MARION SIMS.—It is announced that the late Dr. Marion Sims has left a sparkling sketch which will appear in the February Harper. It is entitled, "Lydia McKay and Colonel Tarleton," and describes one of the most romantic episodes of the Revolution, the rescue of her imprisoned husband by the fair and clever Lydia.

INSECTICIDE.—The castor-oil plant is claimed as an effectual protection from flies. On placing the plant in a fly-infected room a large number of dead flies are found clinging to the under surface of the leaves, and the remainder disappear as if by magic. This action is supposed to be due to some volatile principle exhaled by the leaves.

A DESERVED HONOR.—The Conseil Municipal of Paris has decided to name one of the streets of the city Rue Thuillier, to honor the memory of Louis Thuillier, the member of the "Pasteur Cholera Commission," who died at Alexandria while pursuing his investigations.

A MEDICAL PRACTICE FOR SALE.—Dr. T. A. Mason, of New Lebanon, Sullivan County, Indiana, wishes to sell his practice—a lucrative one—to some first-class physician. Correspondence solicited. Address as above.

AN illustration of stinginess is cited by an Arkansas editor, who knows a man who talks through his nose in order to save wear and tear on his false teeth.

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# SUPPLEMENT.

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## A REPLY.

"I shall, no doubt, be criticised by many for dwelling so long on a subject which to them will appear low, vulgar, and trifling. . . . Were I to treat my subject superficially, my writing would be of no use to any body, and my labor would be lost; but by investigating it thoroughly I may, perhaps, engage others to pay that attention to it which, from its importance, it deserves."—COUNT RUMFORD.

I find myself the subject of an offensive paragraph in a printed circular which, though without signature, was issued by the Louisville Medical College of this city. This circular has been distributed among the students now in attendance on my lectures at the University of Louisville, and scattered broadcast over the country.

I have also been assailed by the same source, over its faculty name, in the Courier-Journal newspaper.

Attacks of such character on my own name I can well afford to leave unanswered. But in both the articles alluded to, and in yet another which I shall recur to presently, the University of Louisville, in whose service my revered father spent all his best days and in which for more than thirty years I have been a teacher, has been assailed in such terms as to make some reply expedient if not necessary.

The other article to which I just referred appeared as an editorial in the January number of the Medical Herald, a journal published in this city and owned by two of the teachers in the Louisville Medical College. It reads as follows: "*The Louisville Medical College has been assailed both in the present and in*



*the past by as able a body of perjurers, mendacious scribblers, and unscrupulous slanderers as exist in the land!"*

As the University of Louisville was the chief instrument, some years back, in directing public attention to the irregular practices of the Louisville Medical College, and equally the chief agent in compelling that institution to abandon them, the editorial quoted is unmistakably aimed at the University. And the Herald being the organ of the Louisville Medical College, this assault on the University, no less than that contained in the printed circular, and that published in the Courier-Journal, was made by the Louisville Medical College. The three articles are so many attacks upon the University—nothing more, nothing less. The organ of the Louisville Medical College means by the word "*present*" in its editorial also to designate the University. For when it became apparent early last autumn that the Louisville Medical College, after five years of reasonably good behavior, had begun to return to its old sins, the Louisville Medical News journal, edited by two members of the University faculty, asked the school to give over its palpable misconduct. The answer to this request is contained in the several assaults I have indicated.

A sense of duty to the profession at large, to medical teaching, and the University of Louisville in particular, and to myself individually, leads me to undertake a task which, though excessively unpleasant, I shall not find very difficult. It is unpleasant because it involves the exposure of several persons whom I like. It is easy, because I shall rest my case on the written statements of the persons whom I accuse. I shall use plain words because I realize the importance of the subject. I shall use courteous words because I realize my own position. Not many of them will be my words, because better are at hand, furnished by the practices and persons I am going to portray. I shall make no statement which can not be substantiated by documentary evidence.

I am going to make no defense of the University of Louisville. That institution is not on trial. But in the interests of legitimate teaching, and of the dignity and honor of medicine, I am

going to show the antecedents, the character, and the practices of its assailant. In order to do this in the most effective way I am going to arraign the Louisville Medical College before the bar of professional opinion—the highest tribunal known to physicians—on the general charge of practices which are disreputable in themselves and subversive of many of the best interests of the profession.

I shall prove that it has broken faith with other medical schools in this city and elsewhere, in that in its printed advertisements its fees are put at eighty dollars, and in the face of these published terms it has flooded the country with so-called beneficiary scholarships, wherein it volunteers to accept fifty, nay even forty dollars for tuition instead of eighty dollars as advertised.

I shall also prove that through its officers and attachés it has solicited in almost every part of America students by letter to accept these scholarships.

I shall establish that in addition to such solicitations being themselves repugnant to all right feeling men, they are in direct violation of articles of public agreement among a large number of the best medical schools of the United States, and contrary to the sentiment of all respectable teaching bodies every where, and that the Louisville Medical College signed the agreement referred to.

I shall further show that these letters of solicitation contain statements which are the very opposite of the truth, and promises which in the nature of things could never be fulfilled.

I shall prove that the present is not the first time the Louisville Medical College has sinned in the ways named, but that it is an old offender, one who has been tried and convicted before the same bar in whose presence it now stands of the same high crimes and misdemeanors with which it is now charged.

Finally, I shall prove that the practices which I have named not only bring the profession into disrepute, “but do great mischief to many young men who have been deluded into the snares of the institution.”

Before proceeding to substantiate the foregoing statements by the testimony of witnesses, I shall save time by giving a short sketch of the accused.

The birth of the Louisville Medical College, which occurred in 1869, was regarded wherever known with suspicion. Its very name was believed by the public to have been chosen by its founders in the expectation that it would deceive the unwary, and thus add to the size of its classes. In other terms, it began life as a pirate, in that it imitated a trade-name under which a rival college had during a long and honorable career won deserved distinction.

With its first public announcement the Louisville Medical College entered upon a career of unexampled wrong and pursued it during a period of eight years—from 1869 to 1877—pursued it, indeed, until it was arrested by the Louisville Medical News journal, which prosecuted it with a vigor that secured its early conviction and won a verdict which was received with approval by the profession every where. The institution now publicly confessed its sins and promised to abandon them. It signed written agreements with large numbers of respectable colleges in different parts of the country to charge a uniform rate for tuition, to receive but five per cent of beneficiaries—the basis of calculation being the class of the preceding year—to be careful in the selection of them even—to solicit no one and to underbid other institutions in no way whatever. This was in the summer of 1877. For five years the reform of the Louisville Medical College seemed to be genuine. Occasionally reports would come of a tendency to backslide, but no public charges were laid at its door.

It pursued its way unmolested, but its classes fell off. It made many and radical changes in its faculty, but the falling off in its classes continued. Something had to be done. It abandoned its old quarters, leased a dwelling-house and changed it to a lecture-house. But an open field and honest practices had not proved wholesome to the Louisville Medical College, and realizing that the shrinkage in its classes could be stayed by no

other means it plunged without one moment's warning back into the very nastiness out of which the University had lifted it a few years ago. For a second time it resorted to the same discreditable means which in days gone by had filled its benches.

This was last summer—the summer of 1883.

As a result of these recent misdeeds the institution is now again presented as a public enemy—as the enemy of uprightness and fair dealing in the profession of which it claims to be an instructor.

In this connection I will add that the present Professors of Anatomy and of Obstetrics in the Louisville Medical College held similar positions in that institution during the period alluded to and that the present Professor of Clinical and Operative Surgery was also identified with the institution at an earlier date. Neither of these, therefore, can be allowed to plead in extenuation of this, their second offense, that they were ignorant of the law or the penalty for its infraction. The two first named teachers paid very dearly for a lesson which they seem to have soon forgot.

The present Professor of the Principles and Practice of Medicine in the Louisville Medical College was, with the late R. O. Cowling, Professor of Surgery in the University of Louisville, co-editor of the Louisville Medical News journal, during the first two years of its existence, the eventful period when that trenchant sheet consecrated its fine powers to exposing the wrongs, uncovering the irregularities, and shattering the shams then practised by the institution in which he now holds a place. He unquestionably contributed his part to holding the Louisville Medical College up to the gaze of men; he assisted in hammering it into a public confession of its sins and extorting from it promises to lead in future a more honorable and cleanly life. I shall not attempt to show that the present Professor of Principles and Practice of Medicine in the Louisville Medical College wrote all the articles contained in that journal assailing the practices of the Louisville Medical College, for he did not. But he certainly wrote some of them, and just as certainly sug-



gested others. And those who knew him at that time—who knew him before he linked his fortunes with the Louisville Medical College, could not be made to believe that he did not sanction and approve the course of that journal when its every issue was an assault upon the evils for which he must now be held in part responsible. But whether he actually penned many or none of the editorials referred to—numbers of which I shall have occasion to introduce in evidence—he was *responsible for ALL throughout the entire time that he was connected with the News*. I do not believe he himself will deny this responsibility. For up to the day that he cast his lot with the Louisville Medical College, no one was more ready than he to condemn, to denounce, to spit upon whatever was unprofessional or savored of bad faith. None knew better than he did then—none knows better than he does at this moment that the practice of flooding the country with beneficiary scholarships, of urging medical students to accept a medical education as a gratuity, “tends,” as he expressed it in the News, “to destroy the independence of character of the future medical men of the country, to invite into the profession men who have no particular taste for it, but who are tempted by the privilege accorded to them of a cheap medical education.” None realized more fully than he the truth of the following, which appeared in his journal, written perhaps by himself, of the very school in which he is now a teacher, and when its “miserable beneficiary sham,” as he called it, was no more offensive to decent men than at present:

“This is a magnificent sham you are invited to assist; a solemn humbug; a fearful sell.”

“We greatly doubt if there is any thing in the civilized world like the beneficiary system of the Louisville school. The beneficiary system of the school is indefensible even were it built upon a fee ten times as large.”

But to the proof.

The witnesses I shall introduce are drawn exclusively from the institution at the bar. They compose its faculty, and their names and positions are as follows:

C. W. Kelly, M. D., Descriptive and Surgical Anatomy and



Clinical Medicine, Registrar; J. A. Ireland, M. D., Obstetrics and Gynecology, Dean; L. D. Kastenbine, A. M., M. D., Chemistry and Urinology; Turner Anderson, M. D., Materia Medica and Therapeutics; Edward Miller, M. D., Principles and Practice of Surgery, Secretary; W. H. Galt, M. D., Principles and Practice of Medicine; James M. Holloway, M. D., Clinical and Operative Surgery; Sam. Cochran, M. D., Physiology. Demonstrators: Sam. Cochran, M. D., Anatomy; George M. Warner, M. D., Materia Medica and Practice of Medicine; H. B. Ritter, M. D., Obstetrics and Gynecology; Wm. T. Carter, M. D., Diseases of Children.

By these I shall prove beyond all possible question every charge I have made, and, having done so, I shall simply ask the same verdict which was rendered in May, 1877, against the same offender for the same crimes. I shall be content with this; for I am exposing measures, not men.

In order that it may be seen that the Louisville Medical College is guilty of practices which are disreputable in themselves and subversive of many of the best interests of the profession, I ask attention to a few letters, selected at random from innumerable specimens at hand, which were addressed to medical students in Kentucky, Tennessee, Indiana, Illinois, Missouri, Arkansas, Texas, etc. Every letter of the many I have bears the official imprint of the Louisville Medical College, and contains a wood-cut of its building, a list of its entire faculty and the names of its trustees.

I take a letter of the Secretary of the Faculty first. He writes:

LOUISVILLE MEDICAL COLLEGE,  
LOUISVILLE, Ky., August 10, 1883. }

*Dear Sir*—I send you to-day one of our catalogues. You will see therein that our regular fee is \$80, but, under the circumstances, I will receive you for one half the regular fee—that is, \$40—so that your entire college expenses, including the graduation fee, will be \$70. As soon as you reach the city, call upon Dr. Kelly or myself, corner of Second and Green streets, and you will at once be shown to a boarding-house, and thus save hotel bill. We will be happy to see you, and will do our best to make you feel at home.

Very respectfully,

———— ———

The Secretary of the Faculty reduces the regular fee by one half, while the Professor of Physiology is a little less liberal and demands fifty dollars :

LOUISVILLE MEDICAL COLLEGE,  
LOUISVILLE, KY., Aug. 15, 1883. }

*Dear Sir*—A friend writes me that you purpose attending medical lectures. I write to present to you the claims of Louisville—the medical center of the South and West, the healthiest large city in America, beyond the reach of yellow fever, etc. Good board, costing elsewhere \$20 to \$30, can be had here for \$12 to \$15 per month. Owing to our great Exposition, railroad rates will be only half rate. No school has better facilities for medical teaching than the Louisville Medical College. I send you catalogue. As I am allowed a certain number of beneficiaries for your State, I will take you as one, and charge you only \$50 instead of \$80. With this reduction, cheapness of board, and reduced railroad fare, you can attend one of the best schools for less money than an inferior one. Let me hear from you, and send names of other medical students, and oblige yours, etc.,

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The Demonstrator of Obstetrics seems to have been accorded the privilege of admitting students on the same terms as those offered by the Secretary of the Faculty—forty dollars—as is shown in the following :

LOUISVILLE MEDICAL COLLEGE.

*My Dear Sir*—A friend writes me that you purpose attending medical lectures. I write to present the claims of Louisville—the medical center of the South and West, the healthiest large city in America. Owing to our Exposition, railroad fare to Louisville will be only one half rate. Good board, costing elsewhere \$20 to \$30, can be had here for \$12 to \$15 per month. No school has better facilities for medical teaching than the Louisville Medical College. As I am allowed a certain number of beneficiaries from your State, I will take you as one, and charge you only \$40 instead of \$80. With this reduction, cheapness of board, and reduced railroad fare, you can attend one of the best schools for less money than an inferior one. Let me hear from you, and send names of other students.

Very truly yours,

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The Professor of Obstetrics and Gynecology being perhaps too busily engaged in casting the beneficiary drag-net over some

more remote State, confided the State of Tennessee to the Demonstrator of Chemistry. As no such officer appears in the advertisement of the school—from which the copy on a foregoing page was made—it is proper, lest I should be accused of inaccuracy, to say that the office is found in the faculty letter-heads, and is filled by Sam. E. Woody, A. M., M. D., and he writes this letter:

LOUISVILLE MEDICAL COLLEGE,  
LOUISVILLE, KY., August 4, 1883. }

*Dear Sir*—Yours of day before yesterday was handed me this morning by Prof. Ireland, for the correspondence of Tennessee is usually delegated to me. By this mail I send catalogue. As I am allowed a certain number of beneficiaries from your State, I will take you as one, and charge you only \$50 instead of \$80. With this reduction in fees, together with the cheapness of living in Louisville, and the reduced railroad fare during the Exposition, you can attend one of the best schools for less money than an inferior one. Please let me hear from you. Send names and addresses of other students.

Very truly yours,

The Demonstrator of Materia Medica also has beneficiary powers, and writes:

LOUISVILLE MEDICAL COLLEGE,  
LOUISVILLE, KY., October 24, 1883. }

*Dear Sir*—Yours of September 30th received. I send by this mail catalogue of Louisville Medical College. If you will send in your name at once I can procure a beneficiary fee for you. This will be \$50 instead of \$80, as mentioned in catalogue. Dissecting ticket is extra, \$10. Board may be had, as stated in circular, for from \$12 to \$15. This includes lodging, fire, fuel, water, etc.; washing about \$1 per month. Let me hear from you at once, in order that your name may be registered as a beneficiary.

Yours respectfully,

I have now shown copies of letters from two professors and three demonstrators. A letter from the fourth demonstrator will appear later.

I shall prove the first and second charges by the following extract from the annual advertisement of the Louisville Medical College for the session of 1883-1884:

“In recognition of the standard of policy adopted by the Association of American Medical Colleges, convened at Chicago, Ill., June 4,

1877, the Beneficiary provisions will be limited to five per cent of the class. The general ticket fee will be \$75.00; Matriculation fee \$5.00."

Lest the foregoing should be thought somewhat ambiguous as to what the Registrar of the Louisville Medical College terms "the Beneficiary provisions," I transcribe the law on this subject as framed by the Association of American Medical Colleges:

The same fees may be reduced or remitted to deserving, indigent students, to a number not exceeding *five* per cent of the number of matriculates at the previous regular session of the college.

Under no circumstances whatever other than the above shall the faculties, or any members of the same, grant *upon their own authority* any remissions or reductions of established fees. And it is distinctly understood and agreed that the faculties will discountenance and oppose the authorizing by governing boards of the admission of individual students on other than the regularly established charges for their grade.

This makes "the beneficiary provisions" more easily understood. If the Louisville Medical College had eighty students at the session of 1882-3, it was, by the above compact, which it once signed with other colleges, entitled to grant just four beneficiary scholarships—no more. And yet its professors and demonstrators absolutely vie with each other in scattering these "beneficiary provisions," as they are called by the Registrar, from the Lakes to the Gulf. Was ever greater cheek exhibited by any institution of learning—by any institution of any kind—than that of the Louisville Medical College, which, professing in its printed advertisements to yield obedience to the law of the Association of Medical Colleges, is actually engaged, from the secretary down to the last of the demonstrators, in writing to students all over the country, offering to take them at half the price charged by neighboring schools?

Acknowledging fealty to the behests of the American Association of Medical Colleges, indeed! IT to publish in its circulars that "in recognition of the standard of policy adopted by the Association of American Medical Colleges convened at Chicago, June, 1877, the Beneficiary provisions will be limited to



five per cent of the class," *when it would be passing strange if out of all its present class five per cent could be found who were NOT beneficiaries!*

IT to state that it recognizes the policy adopted by the Association of American Medical Colleges, and with one hand to stand and distribute advertisements wherein its charges are fixed at eighty dollars, and with the other to indite letters to every student of medicine it can hear of, offering its tickets for forty dollars, just one half its advertised rates!

Reader, I know that after following me thus far you are prepared for almost any thing. No doubt you have about concluded that there is nothing the Louisville Medical College could do that would surprise you. But wait. I am going to tell you something now which would be impossible of belief were there not volumes of irrefragable proof and the author was any other than the Louisville Medical College. Here it is.

When the Louisville Medical News, edited now, mark you, by two teachers in the University of Louisville, had every letter that I have produced, another that I shall use later, and scores of others which I hold in reserve, it took occasion in a very temperate editorial, which appeared in November last, to call the attention of the authors to the evil of their conduct and warn them of its consequences. Whereupon the Faculty of the Louisville Medical College rushed into print in the circular letter I have previously mentioned *and flatly denied the entire charge.*

THIS DENIAL WAS MADE WHEN THE LOUISVILLE MEDICAL COLLEGE KNEW THAT THE VERY PROOF I AM NOW USING FOR ITS CONVICTION WAS IN POSSESSION OF THE PUBLIC.

You ask, was there ever before such assurance? Yes. Who displayed it? THE LOUISVILLE MEDICAL COLLEGE. When? In 1876. And in this way.

For a period of eight years—that is, from its youth up—the institution named had engaged in this same “wholesale debauchery,” as it was styled by the Louisville Medical News—the News, mark you, being edited, as I have said, at *that* time by the late Dr. Cowling and the present Professor of the Principles and



Practice in the Louisville Medical College. [Shall I say that the last named editor did not then occupy his present position?] The News openly charged the Louisville Medical College with being guilty of this and other iniquities. When lo! that institution not only denied the charges from A to izzard, but actually **BRANDED THEM AS FALSEHOODS**, and, to quote from the News, "Such a gush of billingsgate as ensued has never been heard since men fed on fish. 'Abortion,' 'coarseness,' 'impudence,' 'stench in the medical nostrils,' 'noisy ass,' 'Hottentot,' were some of the milder epithets with which the air was filled. And all this against the noble breast of the Louisville Medical News for its inveterate habit of telling the truth."

The public understood even at that time what weight to attach to statements coming from the Louisville Medical College, for right on the heels of this charge of falsehood against the News, the Medical College Convention spoke thus pointedly of the practice for which the News had assailed the Louisville Medical College: "The beneficiary system which is carried to such perfection in the school of double diplomas is unqualifiedly condemned"—the school of double diplomas as well as beneficiary scholarships being the Louisville Medical College.

As still further showing the temper of the professional mind concerning this beneficiary business, the Provisional Association of American Medical Colleges passed the following whereas and resolutions at its meeting held June, 1876, in Philadelphia:

*Whereas*, The practice of reducing or remitting in individual cases the established fees of a college has the objectionable feature of discriminating between students who may be equally deserving, and opening the door to possible gross abuses; therefore

*Resolved*, That this convention regards the above privilege as one to be deprecated in general, and, if put into practice at all, to be exercised both rarely and reluctantly, and only in unusual circumstances, and after *unsolicited* application by proven deserving candidates.

*Resolved*, That any thing like a wholesale system of such reduction or remission of established fees, or *any open solicitation of recipients of such favors*, be regarded as in the highest degree improper, and

that any college indulging in such practices deserves to forfeit its place on the *ad eundem* list of medical colleges.

The next four charges I shall establish by the following letter, which in its way has no parallel in medical annals, and places its writer *facile princeps* in epistolary literature. For truth and modesty it is certainly unrivaled. It alone would establish almost every charge I have made. It was written by the Demonstrator of Diseases of Children :

LOUISVILLE MEDICAL COLLEGE,  
LOUISVILLE, KY., August 14, 1883. }

*Dear Sir*—Your name has been kindly sent to me by a friend. I am not informed at what school you have taken your first course, but I am certainly anxious to have you take your last one with the Louisville Medical College—the foremost school in this country. It has graduated hundreds of the most successful practitioners in the world; and I am told that you will not fail to add luster to its name, should you wisely consent to complete your education here. This school has many important features possessed by no other school in the world, and has never been equaled as a brilliant instructor.

A limited number of beneficiary tickets will be issued to Kentucky students this fall. Now, if you wish to avail yourself of this favor, call upon me, or write at your earliest convenience.

The stage-coach from your place passes by my house. If you will stop as you come in town, you will certainly never regret having done so. The reputation you will acquire by graduating at the Louisville Medical College will aid you in obtaining a practice wherever you locate. Your preceptor will lose interest in you as soon as you locate and become his competitor for practice; but this school will assist you, if you need it, until you become, what all young men should strive to be, the best of good physicians. Call and become acquainted with the plan of instruction pursued by the Louisville Medical College. Believe me your friend,

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I shall not consume time by making copies of other letters, all of the same tenor, most in the same stereotyped style, and all signed by either professors or demonstrators in the Louisville Medical College. I have already said that I have numbers of them on file.

I would fain rest my case here, for I have no further stomach for this miserable business. But the same sense of duty which led me to undertake the painful task urges me to its completion.

The next witness I shall introduce is the Professor of the Principles and Practice of Medicine in the Louisville Medical College, by whom I shall prove the remaining charges. I shall allow him to tell in his own way what he thought in 1876 and 1877 of the school in which he now holds a chair—to tell in his own pointed words what he thought of the very practices of which, to the mortification of his many friends, be it said, he now declares himself to be the champion and defender. I shall not ask him to repeat all he said at the time referred to, for that would require page upon page to be added to an article already much too long.

He wrote in 1876 and 1877 that—

The Louisville School, in its desperate efforts to fill its benches, leaves no stone unturned.

*“Certain medical schools which annually flood this country with what they term ‘scholarships’ or beneficiary certificates, or some kind of positively irregular solicitations—or, as the students in their letters to other deans term them, ‘inducements’—to students to attend their lectures. This college has sent circulars to our janitor for distribution among our class while in actual attendance upon lectures, and ‘scholarships,’ or ‘beneficiary tickets,’ to others of our students.”*

The News copies this from another journal and asks ‘Who it can be?’ Need the reader be told who?

“Mr. Sale, the first witness, stated that it was the habit of this school to take students at even a lower figure than he had paid; in short, that students are taken at any price they choose to pay. In corroboration of this, Sale produced a letter signed by Dr. Gaillard, Dean of the Faculty, to a young man in Canada, offering to take him through a whole course of lectures for twenty-five dollars, and it is claimed that by the use of such means as these the Louisville Medical College has been enabled to swell its list of students to its present proportions.

They are not only bringing the profession into disgrace, but are doing great mischief to many innocent young men whom they have deluded into their snares.

We shall look to it that men who advertise over their "official signatures" for takers for these plausible documents shall know exactly what they are doing.

We owe it not only to the profession to attempt to stop this flood-gate, but to many honest young men who are being seduced by such plausible means to earn diplomas of which they can not in after life but be ashamed.

By an artfully contrived system of beneficiary scholarships modern medical schools are built up, and their benches are filled with students.

How long does he think that it would be before the profession would be contemptible, especially if all should go to work flooding the country with "beneficiary scholarships," urging students to accept a medical education as a gratuity? Does any one believe that the honor of the profession could survive such a policy?

*The Deluded Beneficiaries.*—The beneficiaries are continuing to arrive in the city—not in the same numbers as they did before the News began to expose the sham, but there are still far too many of them for the dignity of medicine, or, indeed, of manhood.

In contemplating this miserable beneficiary sham, one can but ask with the editor of the Richmond and Louisville Medical Journal, in the issue for January, 1869, By what principle of ethics are dishonorable practices in the doctor honorable in the teacher?

"What the Bi-Weekly [the organ of the Louisville Medical College] charged, and continues to charge, is that for a year or more the 'News' published in almost every issue statements in regard to the Louisville Medical College which are not true. The statements were known to the 'News' to be untrue, and yet they were persistently and interminably published," etc.

"Was it a falsehood to say that the beneficiary system of the Louisville School was the hollowest sham of the century? Are there *three* men in the school who are not beneficiaries?

"Was it a falsehood to say that the blather in which the Louisville circulars indulge about its being a high-fee school was 'conspicuously absurd?' Does n't it make you laugh?

"Do not the most of the students who go there feel called on to apologize for doing so?

"We have produced demonstrative proof for all we have said."

It does seem unnecessary for us to enter into any argument to convince professional readers of the evils of this system; it seems too patent.



The profession should certainly take the trouble to understand the matter. It is interested in stopping this wholesale debauchery. It can have no interest in pulling the drag-net which is to gather men so indiscriminately into its ranks. Students of medicine should know what is in store for them should they accept these singular gifts. They are to be branded as paupers.

In an open letter addressed by the News to the College Convention when it was about to assemble in 1877 it said :

“Any decision in regard to fees will be but an utter farce if it does not provide for the control of beneficiary scholarships. This journal has thoroughly exposed one of the most hideous forms in which the scholarship system is run. The convention could strike a double blow at this cunning piece of machinery by presenting it to the consideration of the Association and publishing to the people at large the discreditable work they are being seduced into doing. If it succeeds in doing nothing else than disposing of this sham in a satisfactory manner, the convention will justify its sitting.” We leave it to your superior wisdom to find out a plan by which the really worthy and moneyless are to be provided for, other than by the wholesale system of debauchery at present indulged in by some.”

Although the witness has by no means exhausted his utterances on “the miserable beneficiary sham,” he has surely said enough for the present. Hear him now on the name of the Louisville Medical College :

*The Ultimatum of the News:* You should not, as you have done during the last seven years, imitate the title of another institution. You well know that three out of four of the men who receive the catalogues and scholarships of the “Louisville Medical College” very naturally suppose it is the “University of Louisville” which has issued them, and the suspicion that the name was adopted for a purpose has been very well founded.

About the same time he declared—

We fight for the common good of the profession, and we feel that we ought every where to be upheld.

We have felt all along that in our attempts to expose the state of affairs which exists in the Louisville School we labored under the



disadvantage of proving too much. The professional mind is slow to believe that such an enormity could exist any where.

The most charitable construction to put upon the actions of the Louisville School would be to regard them as those of an irresponsible being. If they do not condemn it to an asylum, they certainly should lodge it in a medical calaboose.

We have been obliged to lecture it and warn the community against it for a year past. Should we ever succeed in getting it straight, we will let you know; but in the mean time have nothing to do with it.

Said the salutorian of the class on the evening of the commencement, "The Louisville Medical College is inferior to no *similar* institution in this country." *We ask, is there from Alaska to the Florida Reefs an institution similar to the Louisville Medical College?*

We have proved all these things.

The reward has been that scarcely two years have passed by, and the enemy here has been made a laughing-stock all over the country, and is in the throes of dissolution.

He then addresses a few words to the teachers in the Louisville Medical College which we commend to the present faculty:

There is no reason in the world why you should not make an honest living as teachers. There was no occasion for you to do all those disreputable things to get students, and you ought not to have allowed yourselves to be led into them. Of course we had to stop them. Do not be led off again, or rest assured we will come down on you once more.

Will they not learn that special pleadings can not prevail against the broad principles of truth; and, seeing now that honor is lost, spurn the temptation offered by a miserable pittance to defend a wretched cause?

We wish them (the faculty) personally every success. We would not turn a single dollar from its course toward their pockets.

[In both which sentiments I join most heartily.]

But private interests must yield to the public good.

The News then has the following for the students who were in attendance at the Louisville Medical College:

When you get by yourselves, where outside students can't see you, and forget for a moment how cruelly you have been taken in, don't

you kill yourselves laughing at the fearful sell which goes by the name of Phenomenon? [Louisville Medical College.] We know you do; and we know, too, that when you get safely home in January or February you are going to quit, then and there.

The next paragraph foreshadows the early surrender of the Louisville Medical College, and the News begins to soften, its declarations to the contrary notwithstanding.

We felt we had dealt the Phenomenon such blows that it must surely die. It was painful to us to invite against it its own blades.

"We have got it," says the News, "apparently into the College Association. We care very little about the blather it utters about wanting all this sort of thing, and being sorry that it did n't go further. We know humbug when we see it, especially when we look at it for seven years or so. We know how polite the word humbug can be. We have hammered it for months to our heart's and readers' content. We have said every thing we could possibly say about it, and proved it. We have run it into its hole."

If he will surrender these assumed privileges and get some responsible party to go on his bond for him, we will not only let him come out, but will divide our commissariat with him. We have not a bloodthirsty feeling in our bosom, and long for a return of peace.

The formal surrender of the Phenomenon occurred soon after, when the News wrote:

We are willing—nay, anxious—to extend to it a helping hand until it gets fairly started along the paths of decency.

We have succeeded before another bar—that of professional opinion—in condemning the former practices of the Louisville Medical College, and leading it into better paths.

It would be unfair to truth if I omitted to state that the News was the one and chief enemy of the Louisville Medical College throughout. All the time this sheet was engaged in warring on that institution, one of its editors, the witness, was a simple practitioner of medicine, connected with no medical school whatever. He claimed to be, and evidently was, without bias or prejudice attacking pretence, charlatanry, and deceit in whatever place and shape they were found in the profession.

A bold champion of the right, fighting for a higher medical education, a higher grade of medical students, a higher standard of morals in medical schools, and inculcating a better life in all ranks, he shared with Professor Cowling the perils and the glories of the campaign which he helped to conduct. And when at its close he resigned his editorial seat, he took with him the thanks of the profession for the part he had borne in the struggle.

Six years later—I write it with infinite pain—he, while holding a professorship in the Louisville Medical College and editing its organ, the Medical Herald, publishes that “*The Louisville Medical College has been pursued in the Past by as ABLE A BODY OF PERJURERS, MENDACIOUS SCRIBBLERS, AND UNSCRUPULOUS SLANDERERS AS EXIST IN THE LAND.*”

This from him!

I will stop here. I set out to expose the character, antecedents, and practices of the institution which, in the newspaper press, in a circular letter, and in the columns of its organ, the Medical Herald, has assailed the University of Louisville for having asked it in a courteous way to cease to do evil and learn to do right. I submit that I have done so.

DAVID W. YANDELL.

LOUISVILLE, KY.





# The American Practitioner.

MARCH, 1884.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

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## Original Communications.

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### MINERAL WOOL AS A DRESSING FOR WOUNDS.

BY DAVID PRINCE, M. D.

Three qualities are desirable, viz., (1) readiness to take up liquids; (2) capability of retaining them; (3) freedom from any irritant or poisonous property in themselves or in what they may be contaminated with.

In a visit to the exhibition, in Chicago last June, of the appurtenances of railroads, my attention was attracted to mineral wool as a substance which might be utilized in the treatment of wounds.

On arriving home I put the substance to the following test for its absorbent property: A column of the mineral wool, ten inches or twenty-five centimeters high, was supported on a pasteboard slightly inclined; another column of inferior grade of mineral wool having greater weight was arranged along side of it; a similar column of absorbent cotton was arranged upon the same pasteboard. They were set in a bowl of diluted ink. The top of the column of the better grade was reached in thirty minutes, while the top of the inferior heavier grade was reached in thirty-three minutes. The rise of the ink in the absorbent cotton was very slow, and at the end of two days it had reached

the height of four centimeters. (One and nine sixteenths of an inch.)

A column of patent lint was afterward tested, and in twenty-four hours the ink had only ascended thirteen millimeters. (Millimeter equals five eighths of an inch.)

This observation was made with Arnold's ink. When Thomas's ink was employed the coloring matter was completely filtered out by the mineral wool and only the colorless fluid ascended. In the observation with the mineral wool the first two and a half centimeters was passed in five seconds.

I corresponded with N. D. A. Parrott, Esq., Superintendent of the United States Mineral Wool Company, No. 22 Cortlandt Street, New York, who gave me the following information in relation to this substance: ". . . In its composition, mineral wool is essentially a silicate of lime, magnesia, and alumina. Generally we have for treatment a neutral slag, or one in which the silica about equals the bases. There are also small percentages of potash and soda, but we are not positive in what combination they exist. A content of about four per cent of sulphide of calcium renders the mineral wool unsuitable for use where contact may be had with weak acids, because, owing to the extreme tenuity of the fiber or thread, it is readily soluble in them with the evolution of sulphuretted hydrogen."

The mineral wool has now had a trial of six months as an absorbent dressing for wounds and it has met all that was expected. Its absorbent power exceeds any substance with which I am acquainted, and its cost makes it as cheap as any other material.

The poorer and heavier quality, weighing about twenty-four pounds to the cubic foot, costs one cent per pound. The better and lighter quality, weighing about fourteen pounds to the cubic foot, costs three cents per pound.

It is believed that the absorbent property of mineral wool needs only to be known to bring it into general use as a surgical dressing.

It can be baked before using to drive off any suspected gas-

eous contamination, and it can be made the receptacle of any antiseptic substances. It has no long fibers by which it will hang together in much quantity, and it may for some uses require to be supported by cotton or tow or jute on its exterior for convenience of application.

JACKSONVILLE, ILLINOIS.

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## FOREIGN BODIES IN THE AIR-PASSAGES: TWO CASES.

BY W. M. FUQUA, M. D.

When a foreign body in the air-passages can not be expelled spontaneously, the rule laid down by surgical authors with scarcely an exception is that it should be removed, if possible, by an operation. With almost equal unanimity it is held that this should be performed at once. Both these views were challenged in an exhaustive review of the subject before the American Surgical Association, in 1883, by Dr. J. R. Weist, of Richmond, Ind. He based the challenge on a collection of one thousand cases, nine hundred of which were then published for the first time. From this vast array of cases, gathered at great expense of time and labor, Dr. Weist has formulated certain conclusions which, though diametrically opposed to the time-worn tenets of the surgical code, surely demand a respectful hearing and thoughtful study on the part of all practicing surgeons. As the formulas suggested by Dr. Weist have not, I think, had the publicity their importance merits, I transcribe them here. I shall then give a very brief report of two cases of tracheotomy, one of which, at least, will suggest that there should be a more definite and specific understanding as to what constitutes "dangerous symptoms" when foreign bodies are in the air-passages:

1. When a foreign body is lodged either in the larynx, trachea, or bronchia, the use of emetics, errhines, or similar

means should not be employed, as they increase the sufferings of the patient, and do not increase his chances of recovery.

2. Inversion of the body and succussion are dangerous, and should not be practiced unless the windpipe has been previously opened.

3. The presence simply of a foreign body in the larynx, trachea, or bronchia, does not make bronchotomy necessary.

4. While a foreign body causes no dangerous symptoms, bronchotomy should not be performed.

5. While a foreign body remains fixed in the trachea or bronchia, as a general rule, bronchotomy should not be practiced.

6. When symptoms of suffocation are present, or occur at frequent intervals, bronchotomy should be resorted to without delay.

7. When the foreign body is lodged in the larynx, there being no paroxysms of strangulation, but an increasing difficulty of respiration from edema or inflammation, bronchotomy is demanded.

8. When the foreign body is movable in the trachea, and excites frequent attacks of strangulation, bronchotomy should be performed.

My two cases are :

CASE I. May, 1883, I was called to consult with Dr. Jackson in the case of a girl, five years old, who had gotten a grain of corn in her windpipe thirty-six hours before. The child was small, exceedingly frail, and had been sick all the preceding winter. Her distress was slight and had been, though she had occasional attacks of cough and dyspnea. We advised tracheotomy, but the parents could not yield their consent to the operation until so late in the afternoon that the work would have required to be done by the dim light of a lamp. The difficulty of breathing being really but little, Dr. Jackson and I thought we exposed the patient to no risk by waiting for the return of daylight before attempting to open the windpipe. Very early next morning word came that the child was dead from suffocation.

I have many times since regretted that I had not proceeded

with the operation the evening before, even in the insufficient light at hand.

Now, was this case, just as I have stated it, one which is covered by Dr. Weist's fourth conclusion? Were the symptoms dangerous at the time Dr. Jackson and I decided to wait? We certainly did not so regard them; but they just as certainly became so afterward, for by morning the child had suffocated. It is on just this point—the danger point—that we need light.

CASE II. In January last, James West, a lad of thirteen years, trudging through the snow, rabbit hunting, put a cockle-burr in his mouth, and, almost immediately after, it was drawn into his windpipe. In an instant he was seized with extreme coughing and dyspnea, and it was with great difficulty that he reached his home. His breathing now grew comparatively easy, and, except in coughing attacks, which were not frequent, he suffered but little. Continuing, however, unrelieved for ten days, I was sent for. I found the patient nervous, with anxious expression, had slept but little, without appetite, pulse 120, whispering voice, and frequent paroxysms of suffocative cough. The character of the voice led me to think the burr lay immediately below the vocal cords. Gentle pressure at this point caused the patient to feel, as he said, the prick of the burr.

Assisted by Drs. Feland and Jackson, I at once did tracheotomy and removed the foreign body. Relief was instantaneous, and in ten days the wound had healed.

Since writing the foregoing, my venerable friend, Dr. W. N. Gaither, for forty-three years an active practitioner of medicine, has kindly furnished me brief details of the four following cases, which were relieved without the knife, and three of them, at least, by a means condemned in the second section of Dr. Weist's summary:

CASE I. A lad, aged ten years, got a shingle-nail in his windpipe, causing violent cough, dyspnea, and some hemorrhage. I at once made ready for tracheotomy, but before undertaking it



I had the patient's body everted—his head on the floor, and his feet held in the air by an assistant. The cough became excessively violent, and in a moment the nail was expelled. Recovery perfect.

CASE II. A girl, aged eight years, got a grain of corn in her trachea. She, too, was quickly relieved by the same means used in Case I.

CASE III. An infant, of ten months, got a grain of coffee in her windpipe. After coughing very violently and suffocating almost to death, the coffee was expelled.

CASE IV. A boy, aged fifteen years, drew into his larynx a bit of dried ginger-root, larger than a buckshot, which gave rise to the usual symptoms. I did not see the case for several months after the accident. The patient had lost much flesh, suffered from frequent and violent cough, accompanied by copious muco-purulent expectoration and followed by distressed breathing. In his more violent coughing spells the patient was sensible of the ginger striking against the walls of the trachea. I prepared for opening the trachea, but before doing so thought to have the patient try the plan which had relieved Cases I and II. He reluctantly yielded, and only in so far as to put his head and shoulders on the floor while he kept his legs and hips in bed. A violent spell of coughing now ejected the ginger, and in a short time the boy entirely regained his health.

"I do not," Dr. Gaither added, "wish to be thought an opponent to tracheotomy, but would simply say that, governed by my own very limited experience, I should, I think, always try inversion of the body and succussion *before* doing tracheotomy.

HOPKINSVILLE, KY.

[In order to add to the interest of the very important subject introduced by our valued contributor, we venture to copy the remarks made by several members of the Association at the conclusion of Dr. Weist's able paper.—ED. AM. PRAC.]

Dr. H. F. Campbell, of Augusta, Ga., said: I have had four or five cases of tracheotomy. In three of them grains of corn

were the foreign bodies ; in another the foreign body was a watermelon-seed. The parents refused an operation, and the child died of pneumonia. In the three cases in which I operated, two recovered. In the first the grain of corn was removed at the time of operation. In the second case the grain of corn came away on the second day after the operation, while the child was lying in bed. These recovered. My third case, which would appear to confirm the opinion that we should not be too ready to operate for a movable foreign body in the trachea, was a boy eight or ten years old. The grain of corn had lodged in the larynx and was movable. I was guided by the rule that a foreign body in the larynx must be removed. There was considerable bleeding at the time of the operation. The foreign body was not extruded. I left the boy in the care of his father, a physician, the grain of corn still moving during the acts of respiration, and appearing at the opening. In order to favor expulsion of the foreign body, I inverted the child. I discovered that this produced great turgescence of the vessels of the neck and caused bleeding ; I therefore desisted. Subsequently during an attack of suffocation, which the father attempted to relieve by inverting the child, blood immediately began to flow, and death ensued. The bleeding was not sufficient in itself to cause death ; combined with the impeded respiration it caused a fatal result.

One of the most interesting cases of tracheotomy which I have seen was that performed for the removal of a nail which had become lodged, head upward, in the left bronchus. In order to remove it, an opening was made in the trachea, a pair of long forceps was introduced, and the nail extracted through the opening.

Dr. J. Ewing Mears, of Philadelphia, said: The conclusions presented by Dr. Weist will, I believe, be accepted as correct. I can add two cases to those which have been reported by him. In the first, the foreign body, a piece of sponge, lodged in the larynx while I was performing the operation of excision of the tongue. As an assistant was passing a sponge into the pharynx,

the sponge became detached from the holder and was lodged in the larynx. Asphyxia at once supervened, tracheotomy was immediately performed by plunging the knife directly into the trachea. The sponge was removed by pushing it up into the pharynx. The patient died, but I can not say that the tracheotomy contributed to the result.

A boy, eleven or twelve years old, presented grave symptoms of pulmonary disease, and was rapidly declining in health. One day he fell out of a swing, striking on his head, and there was found upon the ground at that spot, a penny which had been expelled from the bronchus. The pulmonary symptoms disappeared, and the child's health was rapidly restored.

Dr. C. B. Nancrede, of Philadelphia: In considering the greater mortality of operative interference over letting cases alone, I would ask, May not error arise from the pre-existent broncho-pneumonia set up by the foreign body; are not those cases only operated upon where recovery has not followed the letting-alone treatment; and where prior inflammatory troubles have been set up, has not the fatality of the operation been due to these complications? We know how fatal tracheotomy was in pseudo-membranous laryngitis, chiefly from avoidable complications, before the introduction of some means by which the dust in the air could be kept from the air-passages, and also by which the natural moistening of the air could be accomplished. Now, by the use of gauze—not carbolized—and by moistening the air, we all know that the success is much greater, thereby proving that the operation *itself* is not a source of much danger.

Dr. Weist: I have attacked a rule which is laid down in every surgical work that I know of. I come here with nearly nine hundred new cases, in order to test whether or not that rule is still correct. I think my facts and conclusions have not been disputed, because they have been presented in such a way as to show that the testimony in favor of non-interference in certain cases overbalances that in favor of the old surgical

views. If this is true, I am satisfied that my labor has been well spent. I have repeatedly performed this operation for foreign bodies in the air-passages, and for croup, but I should be glad if I never had to perform the operation again. In answer to the questions propounded I would say, that if cases were operated upon immediately, or very soon after the introduction of the foreign body, before the occurrence of inflammation, statistics would undoubtedly show a larger percentage of recoveries than is found in my collection, which is made up of cases operated upon at varying times after the accident. But any error that may arise in the conclusion from this is certainly offset by the fact that in patients in whom spontaneous expulsion occurred the average time before expulsion would greatly exceed the average time before the operation was performed. Cases have been reported in which twenty years have elapsed.

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## POST-PARTUM HEMORRHAGE.\*

BY S. D. PRICE, M. D.

The importance of post-partum hemorrhage can not be overestimated. The suddenness with which it sometimes occurs, the alarming symptoms which it produces, the dangers to which it exposes the patient, and the promptness with which the medical attendant must act, often alone and without assistance, renders a knowledge of it of the greatest moment.

It is well, therefore, that the subject should be occasionally reviewed, and its causes examined afresh, that its treatment may not only be definitely fixed, if this be possible, but also arranged in such shape that it may be always available at a moment's warning.

Post-partum hemorrhage has been well defined as a "hemorrhage from any of the parturient structures, after the child has

\*Read before the Central Kentucky Medical Association, January, 1884.



been expelled and before they have returned to their condition prior to fecundation, or as nearly to that condition as they are capable of." It may be primary or secondary—primary, when occurring within six hours after delivery; secondary, when taking place from the sixth hour to the end of the fourth week. This, though an arbitrary division, is convenient for practical purposes.

The hemorrhage may take place after the birth of the child and before the delivery of the placenta, or after the expulsion of the placenta. In breech presentations, when the head has become arrested, it may occur before the delivery of the child. The hemorrhage may be slight, recurring at short intervals; or the blood may pour forth in torrents, quickly bringing the patient to the point of death. The symptoms are self-evident, and are such as the loss of blood from any cause produces. Whether mild or severe will depend upon the amount of blood lost. The intelligent and careful attendant, I need hardly say, will seldom be caught unawares by sudden hemorrhage.

The causes of post-partum hemorrhage are numerous. A knowledge of these is necessary to its proper and successful treatment. I shall therefore be excused for detailing them at length.

The great primary cause is uterine inertia, and this inertia is favored by the exhaustion which so often follows protracted labors; by over-distension from excessive amount of liquor amnii, or multiple pregnancies. Women who are exhausted by previous disease, or who have borne many children, or who live in a warm and enervating climate are more or less predisposed to atony of the uterus. Irregular or spasmodic contractions, morbid adhesion of placenta, retained portions of placenta or membranes, fibroids in uterine walls, polypi in the cavity of uterus, retention of coagula, inversion, each, having a tendency to interfere with tonic uterine contraction, often induce hemorrhage. Rupture of the uterus, laceration or ulceration of the cervix, and uterine cancer are also frequent causes. Lesions of the vagina or vulva, ruptured perineum, deficient involution, sudden emotions, rigors, over-exertion causing uterine congestion, an over-loaded stomach, constipation, distended bladder, peritoneal adhesions



interfering with the proper contraction of the uterus, are also recognized as among its causes. Malaria is said by good authority to be an occasional cause. Some women, owing to hemorrhagic diathesis, are specially prone to post-partum hemorrhage. The use of chloroform in labor increases the risk of hemorrhage among women so predisposed either by diathesis or by a depressed condition of the system from disease or otherwise.

Hemorrhage from the various causes enumerated varies in its degree of danger. When due to inertia it is generally sudden and profuse and its results are greatly to be dreaded. I hardly need say that some patients make rapid and complete recovery from serious hemorrhage, while others are long in getting over its effects.

Before proceeding to the treatment I will relate a few cases which have come under my observation :

CASE I. Had borne seven children. Her eighth labor was easy and rapid, the child being born a few minutes after I had entered the room. The placenta was expelled immediately after the birth of the child, and the womb contracted well. After having given the child the necessary attention, which occupied only a short time, I found on examination the uterus distended and reaching to the umbilicus. Compression with the hand induced firm contraction, forcing out a large quantity of blood. Fluid extract ergot (two drams) was administered; the uterus remained tonically contracted, and convalescence was rapid.

CASE II. Of nervous temperament. Had borne four children. Fifth labor normal. Had chloroform to unconsciousness toward close of second stage, and fluid extract ergot (two drams) as soon as child was born. The placenta was expelled in ten minutes by Crede's method. The uterus soon relaxed and became filled with blood. Compression caused tonic contraction. Repeated ergot, and hemorrhage did not recur.

CASE III. Healthy and well developed. Her sixth labor commenced at noon. Was called at four P. M. Head engaged, R. O. P.; os fully dilated. Pains weak and at long intervals.

Six P. M: No advance. Nine P. M: Head has advanced a little,

Forceps applied with difficulty. The pains now became somewhat stronger. Traction during the pains, but without effect. Ten P. M: Pains very weak and at long intervals. Forceps again applied, but without result.

Eleven P.M: The patient began to show signs of exhaustion. Reapplied forceps, and effected delivery in ten minutes. The child was living, and weighed fourteen pounds. The cord was tied and cut. A gush of blood so copious as to flood the bed and run down on the floor now occurred. Grasping the uterus with my left hand, I found relaxation complete. The right hand was quickly carried into the uterine cavity, and the placenta, which was detached, and the coagula removed. The hand was re-introduced, and the womb kneaded internally while the left hand still grasped it externally. This maneuver produced only momentary contractions. With each relaxation there was a fearful gush of blood. The patient was now blanched and pulseless at the wrist, and fainted. Her head was lowered by being pulled over the edge of the bed, her legs raised and held in that position until she revived. Ice was ordered, but half an hour was consumed in getting it. In the meanwhile the hemorrhage had been partially controlled by the means used, with the addition of making firm compression of the aorta externally. As soon as the ice came a large piece was carried to the fundus of the womb, and other pieces were applied to abdomen. This excited only temporary contraction. The hemorrhage became quite free again, and the patient had fainting "fits" in rapid succession. At twelve o'clock, fifty minutes after delivery, the inertia was complete and the discharge of blood copious, and death seemed imminent. Dr. Thompson was now called, and arrived in one hour, with solution perchlo. iron, tincture iodine, and a Davidson's syringe. He compressed the aorta while I carried the nozzle of the syringe (my right hand remaining within the uterine cavity) to the fundus of the womb, and injected slowly two ounces of tincture of iodine diluted with an equal quantity of water. A firm contraction followed, but it was of short duration. Frequent relaxations with slight discharges of blood took

place during the next half hour. They were, however, overcome by compression. There were now several free gushes of blood in rapid succession, and complete relaxation again threatened. My hand was still within the uterine cavity. The nozzle of the syringe was again carried to the fundus, and a mixture composed of solution perchloride iron one half ounce, water one and a half ounces, slowly injected. Tonic contraction immediately ensued. The hemorrhage ceased, and did not recur. One fourth grain of morphine and one ounce of brandy were now administered. Twelve hours after delivery the uterus was firmly contracted and the patient was resting quietly. Pulse 130, weak; respiration 20; temperature 97° F. She was ordered quinine every six hours till four doses had been taken, half an ounce of brandy every two hours, and carbolized vaginal injections three times a day. Eighteen hours after delivery the pulse numbered 132, respiration 24, and temperature was 102½° F. From this time the pulse, respiration, and temperature declined, and the patient began to improve. On the night of the fourth day she had a slight chill followed by some fever, and an abundant flow of milk the next morning. The lochia were slightly offensive from the second to the fifth day, but at no time were intra-uterine injections deemed necessary. Convalescence was rapid, and patient was able to sit up on the ninth day.

CASE IV. Aged forty-two years and a half; mother of ten children; has had consumption for a number of years; health very bad for a year past. After a lingering but not severe labor she was delivered of a living child, weighing eleven pounds. She had half an ounce fluid extract ergot as soon as the head of the child was born. The placenta was expelled by compression in five minutes. The uterus contracted well at first, but soon relaxed and filled with blood. Under compression it again contracted, but only for a short time. Relaxation, with a free discharge of blood, would recur every fifteen or twenty minutes. Compression would each time cause the uterus to contract. After two hours of this alternate contraction and relaxation complete inertia with a fearful hemorrhage supervened. Ice was

applied to the abdomen without effect; the clots were removed and a large piece carried into the uterine cavity. The result was only a temporary contraction. Patient was in a state of syncope. Her head was lowered and legs raised. The hemorrhage continuing, the clots were again removed, the nozzle of the syringe carried to the fundus, and one ounce compound tincture iodine slowly injected. This caused but temporary contraction, and the hemorrhage was soon quite free again. I now slowly injected the following mixture: solution perchl. iron, one half ounce; water, one ounce and a half. This produced pretty firm contraction; but slight relaxations, with a little oozing of blood, continued to recur at intervals for the next four hours. These, however, were readily overcome by compression. Twenty-four hours after delivery the womb was firmly contracted, and the patient sleeping. She was ordered one ounce of whisky every two hours. Second day, there was a sudden relaxation with free hemorrhage. Firm contraction was promptly induced by compression, the application of ice to the abdomen, and the administration of ergot. Pulse 72, respiration 18, temperature 102.1° F. Third day: The lochia were offensive, and continued so for two days. During this time and throughout her illness carbolyzed intra-uterine injections were used when indicated.

Septicemia developed on the fifth day. On the seventh day there was a slight flow of milk. Phlegmasia dolens occurred in left leg on the thirteenth day, and in the right on the fifteenth. On the seventeenth day there was extensive pelvic cellulitis with an abscess of the vulva. This abscess opened spontaneously the following day. From this time till her death she continued to have one abscess after another in the thighs, hips, vaginal regions, and buttocks, with frequent and free discharges of pus from bowels. Death occurred from exhaustion two and a half months after delivery.

CASE V. Had borne one child. Abortion at fourth month. Free hemorrhage set in on fourth day, when I was called. Os patulous. Removed placenta with Emmett's forceps, when the flow of blood ceased. Convalescence rapid.



CASE VI. Mother of six children. Abortion at third month, her family physician being in attendance. Three weeks after miscarriage she began to have hemorrhages more or less severe, recurring every day or two. I saw her one week after the hemorrhages commenced. Os patulous. Removed with Emmett's forceps a quantity of membrane. No further recurrence of hemorrhage; recovery rapid.

CASE VII. Mother of two children. Abortion at sixth month. Placenta firmly adherent. Dr. Plummer was called in consultation and administered ether. I left patient, thinking I had completely removed the placenta. She did well for a week, when she had a free uterine hemorrhage. The os was patulous. Removed with Emmett's forceps about a tablespoonful of placental tissue. Used intra-uterine injections for the next three days. On the fourth day the hemorrhage recurred, but less severely. Introducing the forceps again, a small quantity of placental tissue was brought away, after which she made a rapid recovery.

It is taught, and I believe correctly, that post-partum hemorrhage is generally preventable. The third stage of labor is, so far as the mother's safety is concerned, of paramount importance, and it is in the management of this stage that the attendant's skill is displayed. The placenta should always be expelled by Crede's method, and after its expulsion the patient should have two to three drams of fluid extract ergot, unless indications call for its administration immediately after the birth of the head of the child. The uterus should be carefully watched, and occasionally compressed until tonic contraction is fully established and maintained for an adequate length of time.

The accoucheur should go to the bedside prepared for any emergency, whereby danger could often be averted and life often saved.

When hemorrhage occurs, what is to be done? The first thing is to determine its cause, if possible, with the least possible loss of time. If due to solution of continuity, ligatures or styptics are indicated. Placental adhesions, retained coagula, or



uterine polypi being the cause, must be removed. In Cases V, VI, and VII the hemorrhage was promptly arrested by the removal of the secundines or such portions as remained. In the hemorrhagic diathesis and other conditions where great loss of blood is reasonably looked for, preparatory treatment by iron, nutrients, etc., and the use of electricity during delivery will often tide the patient over the danger.

Uterine inertia, however, being, as we all know, the most prolific of all causes of post-partum hemorrhage, it is to cases of this class that I desire to call special attention. Hemorrhage is both sudden in its onset and most dangerous in its results, and requires the very promptest, most energetic, and active means for its arrest.

The patient being placed on her back, grasp the uterus and make firm compression with one hand; with the other empty the organ of any clots that it may contain; and at the same time curette the placental site as recommended by Wilson. Give ergot hypodermically, but do not rely upon this remedy, as is too often done, for the control of the hemorrhage. In cases where the exhaustion is great, its administration is without effect.

If removal of the clots, external compression, internal kneading, and use of ergot fail to produce tonic contraction, then this desideratum must be sought through reflex action excited by application of certain remedies within the uterine cavity.

This valuable class of adjuvants comprises ice, hot water (110° F.), vinegar, tincture of iodine, and solution of perchloride of iron. The last mentioned remedy is not to be used until the others have been tried and failed, unless the case is desperate, demanding its immediate application; and then it must be properly diluted and injected slowly. It has been thought to have frequently produced septicæmia, and, in some instances, death. Its use in Case IV probably gave rise to the septic trouble that hastened death.

Compression of the aorta, although theoretically objected to by many, will often be of assistance in the restraint of the hem-

orrhage. By its use in Case III, the hemorrhage was doubtless held in more or less subjection till the arrival of the remedies by which it was completely arrested. When syncope occurs lower the head and elevate the arms and legs, thus favoring a greater flow of blood to the brain. Give brandy and ether hypodermically when such stimulants are indicated. The patient should have the benefit of all the fresh air possible. If at the beginning the patient's general condition has not, owing to the severity of the hemorrhage and its pressing demands, been properly investigated, a thorough knowledge of it should be obtained as soon as possible. The bladder, if distended, should be relieved, and the rectum, if overloaded, emptied. The after-treatment of the patient will include opiates, quinine, stimulants, nutrients, and quietude.

HARRODSBURG, KY.

## Reviews.

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**Chemistry, Inorganic and Organic:** with Experiments. By CHAS. LOUDON BLOXAM, Professor of Chemistry in King's College, London, etc. From the fifth and revised English edition. With two hundred and ninety-two illustrations. Philadelphia: Henry C. Lea's Son & Co. 1883.

An old acquaintance, a little changed yet familiar, offers himself for recognition. We detect that time has improved him, and take pleasure in commending him even more than formerly to the good opinions of those who need his offices.

The trait of greatest value, next to its thoroughness, is the liberality with which experiments, described in detail and illustrated by cuts, are used to make clear and impress the truths expressed. Teachers have long found Bloxam serviceable for this reason especially. It proceeds from popular statements of simple principles by degrees to the more abstruse technology, and in this way finds easier access to the learner's attention.

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**The Dissector's Manual.** By W. BRUCE-CLARKE, M. A., M. B., F.R.C.S., Senior Demonstrator of Anatomy and Operative Surgery at St. Bartholomew's Hospital, etc., and CHARLES BARRETT LOCKWOOD, F.R.C.S., Demonstrator of Anatomy and Operative Surgery at St. Bartholomew's Hospital, etc. Illustrated with forty-nine engravings. Duodecimo, pp. 390. Henry C. Lea's Son & Co., Philadelphia, Pa.

This is another one of the series of manuals for students of medicine issued by Henry C. Lea's Son & Co., of a size uniform with the others of the series, which, as we have previously said,

is of a most convenient and handy shape. We predict that this volume will become a great favorite with students. It is a really excellent manual, and we shall recommend it to the anatomical classes in the University of Louisville.

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**Insanity, its Classification, Diagnosis, and Treatment: A Manual for Students and Practitioners of Medicine.** By E. C. SPITZKA, M.D., Professor of Medical Jurisprudence and of the Anatomy and Physiology of the Nervous System at the New York Post-Graduate School of Medicine, etc. One volume, 8vo., pp. 415. New York: Bermingham & Co. 1883.

An exhaustive treatise on insanity would necessarily occupy more space than is afforded within the limits of four hundred pages. The author's aim seems to have been to direct attention to such of the salient points of psychiatry as the general practitioner may reasonably be expected to familiarize himself with. He has produced a very readable and interesting volume. The style is generally clear, though not always elegant. The reader is now and then surprised at faults which must be due to hasty writing or great negligence. But these slight blemishes do not mar the value of the work, which ought to be generally utilized by the profession. Its practical character, moderate volume, and reasonable cost are features which recommend and will command an extensive sale.

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**Selections from the Clinical Works of Dr. Duchenne (de Boulogne).** Translated, edited, and condensed by G. V. POORE, M. D. (London), F.R.C.P., etc. London. 1883.

The New Sydenham Society gave to Dr. Poore the commission to translate and edit such selections from the works of Duchenne as were most fit for the dimensions of an ordinary

volume. The easier way was to give entire a few monographs; but in order to give to English readers a just conception of the debt scientific medicine owes to the distinguished Frenchman the editor has omitted the controversial discussions which abounded in the material before him and condensed the prolix style to the simplest forms of expression. He has closely pruned the accounts of cases, and left out some which were mere repetitions of the original type of disease. These changes in the text are indicated by appropriate marks.

At the close of the article on locomotor ataxy is one noteworthy instance out of many of the editorial additions. The knee-jerk phenomenon, now recognized as being very significant, has been worked out since Duchenne's time. A picture of locomotor ataxy would be very incomplete if it did not give this feature a prominent place. To this, and likewise to the pupillary, vascular, and voice reflexes, adequate notice has been given. Dr. Poore hesitates to assign to syphilis the important etiological rôle which it is generally believed to play in this disease. Against the evidence of many observers that there is a history of syphilis in more than fifty per cent of the cases, he sets the following considerations:

It is not always easy to be sure that a "history of syphilis" is really so, especially after a lapse of some time.

It must be remembered that those who have had venereal troubles have not seldom been free livers in many other respects, free drinkers perhaps, and given to sexual excess, or exciting dissipation which has taxed the powers of the nervous system.

Posterior sclerosis is rare in women, and it does not occur more frequently among syphilitic prostitutes than among other classes of women.

Mercury and iodide of potassium have no curative effect upon posterior sclerosis.

As a preliminary to an accurate determination of the value of the statistics quoted to prove that ataxy is a syphilitic disease, it is necessary to have an account of the percentage of adult



hospital cases of all sorts whose personal history includes a suspicion of syphilis.

The changes going on in the nomenclature of diseases, especially those of the nervous system, are indications of the phases of professional opinion. A new species is usually named after the discoverer; as knowledge of its clinical traits grows, a name expressive of some characteristic symptom comes into favor; lastly, when its pathology is determined, comes the final and most satisfactory title.

*"Pseudo-hypertrophic paralysis"* is a name in the second stage of development, and has much to commend it. We must plead guilty to an unscientific liking for the original term, *"Duchenne's paralysis."* It has the merit of a monument. It serves to remind the medical student of succeeding ages that a man of that name brought to the study of disease an insight and a habit of painstaking observation so unusual that, though the disease had been before medical eyes for twenty centuries, no one had yet detected or described the features peculiar to it. We do honor to Faraday by naming after him the force he first evoked, and to Franklin by calling frictional electricity by the name of an observer who, though late in his experiments, made more out of them than any one else. An unsentimental age will destroy these memorials some day in favor of a uniform system, and our successors will take their inheritance without a reminder of personal obligation.

Duchenne entered the domain he afterward made his own by the gateway of therapeutics. He began experimenting with Faradism at a time when charlatans had monopolized its curative application, and while using it as a remedy he discovered its many undreamt of values in diagnosis and prognosis. These, together with his studies in the physiology of expression and muscular action, are succinctly set forth in the edition before us. In taking notes of the electrical relations of diseases his keen eye did not fail to observe many other characters nor his faculty of comparison pass by the features that justified new classifications of symptoms. The noise and the dust of the combat

by which he established his claims are excluded by his editor as of no permanent scientific value, but his actual contributions to knowledge meet with discriminating treatment by Dr. Poore in a series of highly interesting chapters.

Perhaps Duchenne's early enthusiasm for electricity gave a bias to his judgment of its effects. Ideas when new have exaggerated importance, as the moon's disk near the horizon seems larger than at the zenith. Faradism as a remedy rose before the eyes of Duchenne luminous and imposing; and though he must have seen the space it covered in therapeutics contract as time went on, his faith in it suffered but little diminution. Of real service in some affections, a fair critic must allot it a narrower range than did its first great advocate, Duchenne. H.

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**The Medical Student's Manual of Chemistry.** By R. A. WITTHAUS, A.M., M.D., Professor of Chemistry and Toxicology in the University of Buffalo, etc. New York: Wm. Wood & Co. 1883.

We remember a favorable impression of the author, received when his work on General Medical Chemistry came up for a review. At first glance we took this for a revised edition of that volume, but close examination reveals differences that entitle it to the new name. We see the effort he has made to eliminate matter not special in its character; we note that descriptions of manufacturing processes are brief, and that physiological, hygienic, therapeutic, and toxicological chemistry are treated more at length.

The free use of cuts is a matter to be commended. It is an excellent book, and yet we think it would have been a better text-book for medical students if the arrangement had been different. Chemical Philosophy is always a hard task to the medical student. It is the most abstract portion, and furthest from his practical ends. The author would have made it easier to under-

stand if he had introduced it after the consideration of the first twelve elements.

It is good exercise of the memory to use symbols for names. The composition of substances is thus stamped upon the mind. Besides, there is in it much gain of space. By this means the author has condensed his text to the last degree compatible with clearness.

Part III is eleven pages devoted to Laboratory Technics. This part is new and useful, yet we doubt the advantage of considering these processes apart from the experiments unless they are also referred to or explained in the text describing the experiments. It is suggested that in his second edition the author should take up each process as it is mentioned in the course, illustrate it fully, and in addition collect them at the close.

In the interest of pure scientific classification the substances often called organic are treated of as carbon compounds just after the element carbon. Schemes are given for the examination of calculi and simple chemical compounds. Quantities are expressed both by metric and apothecaries' weights, and the habits of American thought further respected by giving degrees of temperature both in Centigrade and Fahrenheit.

## Clinic of the Month.

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CLEANLINESS: IS IT THE SECRET OF THE ANTISEPTIC TREATMENT.—“It is true,” says Dr. Weir, “that cleanliness accomplishes a great deal. One must candidly admit this, especially after reading about or witnessing the results of the treatment of Mr. Lawson Tait, of Birmingham, who may fairly be called the apostle of cleanliness. Not only does his published account of a hundred ovariectomies, performed with but few antiseptic precautions and in which there were only three deaths, entitle him to this distinction, but also does his recent oral statement that this year nearly two hundred and fifty abdominal operations of various kinds had been accomplished with much the same diminished mortality. When I visited his wards there were seen seven cases of ovariectomy, three hysterectomies, one of opening into the gall-bladder, and two of exploratory incision, the patients in each of the cases doing well so far as progress toward recovery was concerned, though stitch abscesses were not infrequently met with, and the incisions themselves were not so neatly healed as those seen in Czerny’s wards at Heidelberg, and there were more temperature oscillations of moderate range than were seen elsewhere under antiseptic dressing. His hospital was the cleanest private hospital that I ever was in. He has only one assistant besides the etherizer. His instruments were few and simple, and kept in trays under water. He said he kept them submerged because they were easier to handle, and blood adhered to them less tenaciously. I would say here, in passing, that in Germany I was told that they flooded the floors of the operating rooms to prevent dust and germs from flying about. I noticed, too, that Mr. Tait took his dozen sponges home with him, and I asked him the next day at his house what he did with them. He replied that either he or his



wife personally cleaned them. The sponges were first put for twenty-four hours in running water, afterward, for another twenty-four hours, in a solution consisting of one pound of carbonate of soda to four gallons of water; then cleansed in water, dipped in a five-per-cent solution of carbolic acid, dried, put in rubber bags, and hung up in the laundry. Though the results attained by rapidity of operation, experience and great cleanliness may, in the hands of a Tait, justify the diminution of antiseptic precautions in abdominal operations, yet that surgeon himself admits that the experience of men great in other departments of surgery has shown the advantages of antiseptics.

"In Kiel, Hamburg, and Halle, whence our best surgical statistics are obtained, besides the cleanliness of the operating-rooms, gowns, and sponges, special care is taken to inculcate this valuable lesson by the public and thorough washing of the hands and nails of the surgeon and his assistants, and also by the scrubbing the skin of the patient with soap-suds (at Kiel an iodoform solution is then painted on) at the site of the intended operation. In the New York Hospital, prior to an operation, not only are the parts washed with soap and water, but also with a mixture of turpentine and alcohol, two ounces to the pint, both as a solvent for greasy matter and likewise as a penetrating antiseptic—turpentine being a germicide even in so weak a solution as one part to seventy-five thousand.

"The sponges in our hospital, as in Germany, after proper cleansing, are kept in an antiseptic solution for a week before they are again used.

"The sponges are, in the first place, prepared in the following manner: After getting rid of the sand by shaking and beating them, they are thoroughly washed in warm—not hot—water, for if hot water is used it deteriorates the quality of the sponge substance and tends to fix the dirt within its meshes. This is particularly so if the sponges have already been used at an operation. The sponge is then placed in a one-to-one-thousand solution of permanganate of potash for twenty-four hours. If the permanganate is found to be losing its beautiful pink color,



a little more may be added. At the end of this time the permanganate of potash is washed out with warm water. The sponges are now bleached by immersion in a solution composed of one part of sulphite of sodium to one hundred parts of water, to which has been added a one-fifth part of a watery solution of hydrochloric or oxalic acid of a strength of eight parts to one hundred. They are stirred up with a stick for a few minutes, until they whiten; if left longer, they will become friable. Then they are washed out with water again, and left for some time in running water. The sponges are afterward put into a carbolic-acid solution, one to twenty, or in a solution of one to one thousand of the bichloride of mercury, and kept there until used. Sponges so prepared, such as we use at this hospital, cost but about one cent and a half each; and at that price they may be thrown away after use at an operation. This is my custom in private practice; at the hospital it is the rule that, if the operation is one upon the rectum, the vagina, or other parts where contamination is likely to take place, the sponges used are afterward destroyed; in amputations and other cleanly operations upon the otherwise healthy subject, the sponges are cleansed for subsequent use. In all abdominal operations new sponges are employed. The sponges that are to be again used are washed thoroughly in running water, and afterward kept for some hours in a weak carbonate-of-soda solution, to dissolve out the fibrin, etc., and then placed in the antiseptic solution as before. Such are the antiseptic dressings used at this hospital in the wounds to which they are applicable. There are certain wounds of the body, as of the mouth, rectum, and elsewhere, in which it is necessary to employ iodoform, which is better adapted to such localities. If you have no other preparation at hand, you can rub the iodoform into the ordinary gauze or simple mosquito-netting, and apply it to the wound. The sticky iodoform gauze is readily made by rubbing iodoform into the ordinary Lister gauze. Iodoform also makes the best application for small lacerated wounds. But remember that more than forty-five grains will give rise to symptoms of poisoning.

“Finally, the principle of rest should be carried out thoroughly. No matter how small the operation; as, for instance, the removal of a small tumor from the ankle, the limb is placed in one of the easily-cleaned enameled-iron guttered splints of Volkmann’s pattern, and held immovable until healing is accomplished or the risk of inflammation has passed away.

“Such are the details of the management of wounds and injuries which at the present time seem best to fulfill the conditions demanded by an antiseptic treatment. It is hardly to be expected that the general practitioner will have at his command all the materials here described. He can, however, have sundry powders of corrosive sublimate, of eight grains each, in his possession, and, when called to a case of injury, can rapidly add a pint of warm water to one of these powders, bathe the wound freely with the solution, dip into it some cheese-cloth, or, what is even better, ordinary absorbent cotton, then squeeze this out as dry as possible, or, if time allows, partially dry it by exposure to heat, and apply it to the wound. Drainage can always be accomplished with rubber tubing perforated in the ordinary manner, choosing when possible the black or red rubber for the purpose. This dressing, duly secured with a bandage dipped in the same solution, will answer for a first application, and permit you to prepare a more elaborate antiseptic appliance if you wish.

“Prior to the use of antiseptics the mortality from compound fractures of the arm, forearm, thigh, and leg was over thirty-three per cent in the Roosevelt and St. Luke’s Hospitals; in the old New York Hospital it amounted to sixty per cent; in Boston City Hospital to forty-one per cent. This was under the old treatment of poultices, salves, fracture-boxes, etc. Under the open treatment, with such counter-openings as were necessary, the mortality, in the best hands, dropped to twenty-six per cent. Under antiseptic treatment, I have had one hundred and eighteen major compound fractures, with eight deaths, a mortality of six per cent. Up to my seventieth case I had not had a single death, but, in endeavoring to treat by this

method some of the severer forms of compound fractures from railroad accidents, I lost several patients, and spoiled my record. Lately I have had twelve cases of compound fractures treated with the sublimated dressings, without a single death.

"This surgeon, from 1860 to 1867, with the open method of treating wounds, had a mortality in amputations of 35.1 per cent. From 1868 to 1875 he continued to use the open treatment, and from 1875 to 1876 he used the wet masses of carbolized or thymolized lint and jute, with a mortality of 29.5 per cent. From 1877 to 1880, under a strict antiseptic treatment, the mortality went down to 5.7 per cent.

"Volkmann, too, in two hundred and sixty one amputations, had only fourteen deaths, which is a five-per-cent mortality; and one hundred and eight of these healed by first intention, a condition which I had only seen once prior to the use of antiseptics. Neuber records also one hundred and five capital amputations, with a mortality of 7.6 per cent. As a tribute to the latter surgeon's permanent dressings, it should be stated that in four of his cases only one dressing was used. Still more satisfactory is the employment of the permanent or peat dressing in forty-nine knee-joint resections, in thirty-six of which the dressing remained unchanged from the time of the operation until the parts were healed. He attributes his greater success in getting union in resections than in amputations to the imperfect apposition of the muscular structures in the latter operation; and, in amputations, he therefore recommends the separate suturing of the muscles with catgut, under which procedure he got primary union in thirteen out of fourteen cases in which he tried it.

"In my own practice, I find notes of thirty-five amputations without a single death, viz., one hip-joint, seven knee-joint, seven thigh, nine leg, seven arm, and two forearm amputations. Two deaths following amputation for compound fractures have already been counted under those injuries. Should such be placed also in the list of amputations, the result would be thirty-seven cases with two deaths, a mortality of 5.4 per cent."

Dr. Alfred C. Post said he could add little to the exhaustive remarks by Dr. Weir upon the subject. He was fully convinced of the great value of antiseptic surgery, although he was not prepared to accept all the details of treatment that had been mentioned, or acknowledge their necessity, especially in minor cases. It had seemed to him that in small wounds, if not involving important parts, it was not necessary to go through the whole formality of these complicated dressings; that is to say, in cases which were pretty sure to do well without it. As to the importance of perfect cleanliness and thorough drainage, there could be no question. There was one substance, which had been introduced by Kocher, of Berne, in the dressing of wounds, which he had found of great value in certain cases: he referred to subnitrate of bismuth, dusted on the wound with a pepper-box.

Dr. L. A. Stimson thought the subject involved two distinct questions which should be borne in mind during the discussion: First, the causes of complications in surgical wounds, and, second, the value of antiseptic agents in the prevention or correction of the effects of those causes. The question did not alone involve the prevention of the development of germs or their entrance at the seat of the wound. If such were the only question, all that would be necessary to carry every case on to a successful issue would be the discovery of an efficient germicide, and its thorough application. It seemed to Dr. Stimson, however, that these complications could arise from other causes than the presence of germs, and what those other causes were was unknown. Every surgeon had met with cases in which all possible avenues for the entrance and the development of germs seemed to have been occluded, and yet sepsis developed. In illustration, reference was made to a case in which a man fell and injured the ankle. Nowhere on the surface of the body was the skin broken except at a small spot on the back. Yet within a few hours after the accident the ankle became swollen, there was crackling under pressure, symptoms of septicemia developed, and, on amputating the limb, it was found to be infiltrated with pus. In this case there had been no opportunity



for germs to enter and give rise to inflammation. If it were said they might have entered at the wound on the back, it would show the necessity of applying antiseptic dressings to every slight scratch which might exist upon the body, however distant from the seat of the principal wound. If the result could be attributed to the germs taken in with the respired air, or with the food, it would show the impossibility of carrying out the principles of antisepsis in an effectual and practical manner. We were not justified, then, in asserting, as some surgeons had done, that by observing and executing faithfully the details of antiseptic treatment we should render the development of sepsis impossible. Instead of always attributing want of success to some possible oversight in the application of the antiseptic treatment, he thought we might better admit other possible sources of complication than the presence of germs. Moreover, it was not certain that the beneficial effect which had apparently attended the use of antiseptic methods had always been due to the germ-destroying properties of the dressings; it might be due to an unknown influence exerted by the presence of some one of the substances employed in the dressing. If we admitted that the presence of certain germs would give rise to sepsis, it did not follow that the presence of all germs would do so, or that all cases of sepsis were due to the presence of germs. It did, however, justify us in the employment of an agent which would prevent the development of germs capable of producing sepsis. Dr. Weir had stated that peat in itself had been shown to possess antiseptic properties, inasmuch as certain cases had done well when this agent in its natural state had been employed as a dressing to the wound. But certain experiments which Dr. Stimson had made went to show that peat was full of bacteria. Therefore, if it had exerted any influence in the prevention of sepsis, it had been by some other means than its germicide properties. He summed up his views by saying that he believed in antiseptics which purified the patient, the surgeon, the assistants, and the instruments. Further, he wanted drainage, compression, and rest. (New York Medical Journal.)



CASE OF PULSATING LIVER.—Walter G. Smith, M.D., Dublin, read a paper on this subject before the Medical Section of the Academy of Medicine in Ireland. He said: True pulsation of the liver is sufficiently rare, and, I think, little known, to justify my reporting the only case of it which I remember to have seen in hospital practice.

J. M., aged thirty-five years, admitted into the Adelaide Hospital, August, 1878. He was a soldier, and had had ague, but with this exception was strong and healthy until 1875, three years prior to admission, when he caught cold and was attacked with cough and breathlessness. Since that time he was never quite free from cough, and contracted several severe colds, the last one of which was followed by swelling of the legs. He was obliged to give up, and after awhile was confined to bed. Without being a very hard drinker he was accustomed to take stimulants freely.

*State upon admission:* Anasarca of the legs only; the swelling had never gone higher than the thighs. Loud bronchial râles over both lungs, with muco-crepitus, and attended with frothy expectoration. A faint systolic murmur heard over apex of the heart. The skin of the face and hands was dusky in color, and there was visible pulsation in the jugular veins, which were of immense size—in short, there was extreme venous congestion of the upper half of the body.

The urine contained a large amount of albumen; no tube-casts were seen. He complained of a distressing feeling of load about the epigastric region, for the relief of which leeches were applied with benefit. The liver-dullness extended about two and a half inches below the ribs on the right side, and to within two inches of the umbilicus in the middle line, and its margin was readily felt. A distinct pulsation of the liver was visible in the epigastrium, extending over the right and left lobe. Dr. Beatty and I directed particular attention to this movement, which arrested my notice, and we convinced ourselves that it was a true eccentric throbbing of the liver, to be seen and felt, and not a mere shock, such as might be transmitted from the heart or inferior vena cava.

Subsequently the liver increased in size, and the lungs became engorged, while at times a triple cantering sound was heard over the apex of the heart, and the systolic murmur became more distinct. The area of cardiac dullness appeared to be enlarged, and the apex-beat was visible in the sixth intercostal space. His condition fluctuated between better and worse, and he left the hospital after a stay of nearly two months. I learned afterward that he was soon re-admitted in a similar or worse plight, under one of my colleagues, and that he died rather suddenly. There is no record of a post-mortem examination having been made.

All hospital physicians have frequent opportunities of observing cases of heart disease, attended with enlargement of the liver, cervical venous pulse, and other evidences pointing to tricuspid regurgitation. Yet, although on the watch for such an occurrence for some years past, I can not call to mind a single other case in which I satisfied myself that there was regurgitant throbbing of the liver. Nor have some of my friends, of large experience, to whom I have addressed inquiries, been more fortunate; and, indeed, the phenomenon is sufficiently remarkable to be unlikely to be overlooked. Dr. David Drummond, however, who has written an interesting paper on Pulsating Liver (*Dublin Journal Medical Science*, October and November, 1881), believes that pulsating liver is of frequent occurrence, and is often overlooked by the physician. He gives details of nine cardiac cases in which this sign was present as a forcible and general movement of the liver.

Dr. Frederick Taylor has also written a paper deserving of perusal in *Guy's Hospital Reports*, 1875, based upon five cases of cardiac disease in which hepatic pulsation was present. And in the *British Medical Journal*, March 18, 1876, among the hospital reports, there is a brief reference to two cases, under Dr. Ramskill's care in the London Hospital, in which diffused hepatic pulsation was observed. Both patients had cardiac disease and large nutmeg livers, as the post-mortem examination showed. In support of the proposition that the phenomenon under review

is principally the result of a retrograde venous wave from the right ventricle (Friedreich, Taylor, Drummond), I may mention :

1. The expansile sensation communicated to the fingers when placed upon the liver.

2. The duration of the pulsation. It continues after the ventricles have ceased to contract.

3. It has been observed that as the condition of the patient improved under treatment the hepatic pulsation became less and less (Drummond, Case II, *loc. cit.*). If the hepatic pulsation were due altogether to direct shock, the contrary would be the case, for steadier and more forcible action of the heart would materially increase the pulsation.

The question acquires practical importance, from its bearing upon the problem of diagnosis of tricuspid insufficiency, not always an easy matter for the physician to decide, and upon which authorities give out a somewhat uncertain sound.

Ought pulsation of the liver to be regarded as evidence of regurgitation through the tricuspid orifice? Taylor and Friedreich answer, yes; and the latter goes farther and states that, in point of time, hepatic pulsation precedes pulsation in the jugular veins.

Dr. Drummond maintains that pulsation of the liver is the most constant and most valuable sign of tricuspid regurgitation, less variable than systolic tricuspid murmur and jugular pulsation; but he does not contend that hepatic pulsation is pathognomonic of tricuspid regurgitation, and records himself a case *contra*. This matter appears to me to be deserving of more extended clinical testing than it has yet received, and I shall be gratified if my paper have the effect of directing the attention of others to this point.

The questions still remain to be answered: How does regurgitation of blood into the hepatic veins in sufficient force to visibly agitate the liver sometimes occur? and why is it not more frequently observed in old-standing cases of mitral disease?

Neither Dr. Taylor nor Dr. Drummond make any reference to the peculiarities in the circulation of the liver in explanation

of hepatic pulsation, nor is the topic alluded to in the standard text-books of medicine.

Many years ago some ingenious and suggestive views were published upon the circulation of the blood through the liver, which were novel at the time, and which have since been corroborated by additional physiological and clinical evidence. Three authors, independently of each other, arrived at similar conclusions as to the conditions of the circulation through the liver, viz., M. Berard, in Paris, in a paper published in 1830; Dr. Carson, in 1833; and Mr. Alexander Shaw, in the *London Medical Gazette*, July 15, 1842.

A good abstract of Mr. Shaw's paper is given in *Medical Times and Gazette*, April, 1876. Mr. Shaw set himself to show that the current of blood in the liver is subject to the influence of the respiratory movements of the thorax, and that the general effect of these actions is to assist its flow from the liver to the heart.

The vena portæ, a valveless and weak-walled vessel, has to perform the duties of an artery without possessing, like the arteries, an elasticity to aid it in propelling the blood, and without its fluid contents receiving much benefit in the way of direct impulse from the heart; consequently, when we consider the feebleness with which the blood must be sent through the gland by the portal vessels, and how its parenchyma must be exposed to the effects of congestion, it is natural to expect that some additional force should be brought into operation to accelerate the current. This auxiliary force is to be found in the actions of respiration, and the anatomical conditions which favor this influence are these :

1. The trunks of the hepatic veins almost pierce the tendon of the diaphragm to join the inferior vena cava.
2. The hepatic veins can not collapse when subjected to atmospheric pressure, that is, to the aspiratory action of the mediastinum or suction power of the heart, because they are tunneled out through the solid substance of the liver, and approximate in fact to rigid tubes. Hence the reason why, unlike the branches



of the vena portæ, they are not surrounded by a bed of loose areolar tissue.

3. During respiration by the contraction and descent of the diaphragm, the caval orifice of the diaphragm is stretched, the vena cava itself straightened, and the course and openings of the hepatic veins made more direct.

Conversely during expiration the venous trunks between the liver and the heart are shortened, their coats relaxed, and the opening in the diaphragm is diminished. Thus, at the very time when the thoracic cavity is lessening and the blood has a tendency to regurgitate into the hepatic veins, this tendency is counteracted by the provisions just described.

Accordingly, and because inspiration is a more powerful act than expiration, it follows that the circulation of the liver gains by the influence of the atmospheric pressure.

But if, under any circumstances, regurgitation of blood from the right heart takes place, it will be seen that this intimate relation of the hepatic veins to the liver-tissue, whereby they cease to be flaccid tubes and are converted into patulous sinuses, is a condition especially favorable for communicating to the liver as a whole any pulsation caused by reflux into the inferior cava and large hepatic veins. The degree to which the liver can yield is regulated by the elasticity of the enveloping capsule of the liver and of its peritoneal covering. Hence inflammatory thickening of the capsule is an obstacle to pulsation. Were it not for this elasticity of its envelopes the proper structure of the liver would, in cases of undue accumulation of blood within it, be injuriously compressed between the blood in the distended hepatic canals and the capsule of the liver.

Before hepatic pulsation can occur the impulse must be strong enough to overcome not only atmospheric pressure, but also the resistance of the parenchyma of the liver, the elasticity of its capsule, and all those conditions which have been already mentioned as tending to prevent regurgitation during ordinary expiration.

It is possible, I think, that there is commonly some degree of

retrograde pulsation in a nutmeg liver, but that in many cases it is very feeble and therefore inappreciable to ordinary methods of examination; and, independently of regurgitation, whenever, from any cause, there exists a condition of constant distension of the veins near to the right auricle, the fluid contained in these parts would be ready to receive and distribute any impulse by mere continuity with the contracting cavities.

DIABETES AND RETRACTION OF THE PALMAR APONEUROSIS.—M. Albert Cayala calls attention in the *Gaz. Hebdom.* to the coincident occurrence of these affections in the same subject. He has been able to collect seven observations where this coexistence has been determined. The first case is that of a French physician, in practice at New York, a sufferer for several years from diabetes mellitus of nervous origin, but now in a very satisfactory general state of health. This gentleman's attention was drawn some two years ago to the condition of the palms of his hands. They gave a peculiarly dry sensation to the touch; the ring and middle fingers were slightly flexed, and some nodosities running in the direction of these fingers could be felt in the palms. The same physician affirms besides that he has very often met with a similar alteration in numerous diabetics, whom he has seen at New York, and he thought he had remarked that the affection was even more frequent still among patients affected with diabetes insipidus. M. Cayala suggests that this palmar lesion may be looked upon as a trophic disturbance, similar to other manifestations of the same kind so frequent in diabetes. On the other hand, retraction of the palmar aponeurosis is very often only one of the forms of rheumatism; and in this connection its coincidence with so obscure a disease as diabetes is interesting from an etiological point of view.

LOCAL APPLICATIONS IN HERPES ZOSTER OF THE FACE.—Dr. L. A. Duhring, says (*Med. Times*): "As to local applications, one of the best is that of a lotion of the fluid extract of *grinde-lia robusta*, one dram to one or two ounces of water. Another

good lotion, and one which is useful in many other affections of the skin, is the following :

R	Zinci sulphat., . . . . .	} aa ℥ss;
	Potass. sulphur., . . . . .	
	Aquæ, . . . . .	f ℥ iijss;
	Alcohol, . . . . .	f ℥ ss.

M. Sig. To be dabbed on the part every two or three hours.

APPLICATION FOR WARTS.—Dr. Cordes, of Geneva, states (*Journal de Thérapeutique*) that he has always found the following application successful: Iodine six, crystallized carbolic acid twenty-one, and alcohol two parts and a half, by weight. After scraping the wart or cutting it down to a level with the skin (without causing it to bleed), he touches the wart with a few drops of the above solution. In a minute it becomes soft, and allows of another scraping and a new application; and sometimes even a third scraping and application can be made without causing bleeding. (*Medical Times and Gazette.*)

ACUTE AORTITIS.—M. Peter, of La Charité, says the principal elements in the diagnosis of acute aortitis are: An agonizing pain at the level of the pre-aortic region; a burning sensation, sometimes excruciating; and a dyspnea, which is never wanting, and which is especially characteristic, because on auscultation of the respiratory organs nothing can be discovered to account for it. (*Gaz. Méd. de Paris.*)

EUCALYPTUS IN ACUTE CORYZA.—Dr. R. Rudolphi (*Revista de Med.*) recommends that a few dried leaves of the eucalyptus should be chewed, and the saliva swallowed. Provided the coryza is acute, it may thus be arrested in less than one hour.

PAGET'S DISEASES OF THE NIPPLE :

1. Occurs especially in women who have passed the grand climacteric.
2. Affected surface, in typical cases, of brilliant red color, raw and granular looking after the removal of crusts.

ECZEMA OF THE NIPPLE AND AREOLA :

1. Occurs especially in women earlier in life, and particularly during lactation, or in persons laboring under scabies.
2. Surface not so red and raw-looking, and not granular, but often punctated.

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|---|---|
| 3. When grasped between the thumb and fore-finger, superficial induration often felt, as if a penny were laid on a soft, elastic surface, and grasped through a piece of cloth. (Thin.) | 3. Soft, and no induration.   |
| 4. Edge of eruption abrupt and sharply cut, and often elevated.   | 4. Edge not so abrupt, and certainly never elevated.                      |
| 5. Very obstinate, and only yields to extirpation or other treatment applicable to epithelioma generally.   | 5. Although sometimes obstinate yields to treatment applicable to eczema. |

NOVEL TREATMENT OF ASTHMA.—Dr. R. B. Faulkner, of Alleghany, Pa. (*New York Medical Record*) has had remarkable success in the treatment of spasmodic asthma, by applying tincture of iodine as a counter-irritant along the pneumogastric nerves, from the upper part of the thyroid cartilage to near the upper border of the clavicles. The application is to be continued daily till the surface becomes irritated. Another part of his treatment is the forced inflation of the lungs by means of a Politzer bag filled with common air. At the time of a full inspiration, the nozzle connected with the bag is placed in the mouth, and the contents driven into the lungs so as to dilate the vesicles and put an end to the spasm which is the cause of the difficulty.

TO REMOVE FISH BONES FROM THE THROAT.—To remove fish bones from the throat, Prof. Voltolina, at Breslau, recommends a gargle composed of muriatic acid, four parts; nitric acid, one part; and water, two hundred and forty parts. The teeth have to be protected by lard or oil. The fish bones become flexible, and they disappear entirely after a short time.

SUB-PERITONEAL FIBROIDS COMPLICATING LABOR.—Dr. Kidd (Dublin Jour. of Med. Science) reports the case of a lady he had attended in several confinements, each of which was complicated by the presence of a large mass of sub-peritoneal fibroids. In none of her labors had hemorrhage followed delivery, but there was always great collapse. The danger of such tumors depended almost entirely on their site; if low down, they were



liable to pressure, and might gravely obstruct labor. They might then be lifted out of the pelvis by the use of water-bags distended within the rectum. He had employed this device in many cases with complete success. Dr. Beatty had recorded a singular case, in which the tumor had been spontaneously lifted out of the pelvis during labor. Such an occurrence, however, was very exceptional. If the obstructing tumor could not be lifted up, the case became an extremely anxious one, and might even necessitate the resort to a cesarean section. Sub-peritoneal tumors did not often interfere with post-partum contraction of the uterus. Hemorrhage he had rarely seen in such cases, though he had always taken the precaution of administering ergot during the labor.

ECZEMA OF THE SCALP IN INFANTS.—Dr. Lassar employs the following formula: Salicylic acid one part, tincture of benzoin two parts, and vaseline fifty parts. A certain quantity of this is smeared over the scalp two or three times a day, after the infant's head has been washed with soap and water. To soften the scabs and to facilitate the cleansing of the scalp, Dr. Lassar recommends the employment of oil containing two per cent of salicylic acid. (*Gaz. Médicale.*)

A METHOD OF HASTENING THE ANESTHETIC ACTION OF THE ETHER SPRAY consists in making a slight prick with a needle at the point upon which the spray is directed, at the moment when the skin assumes a purplish hue and when the ether, commencing to solidify, assumes an oily consistency. The little puncture made at this time excites a reflex constrictive action of the vaso-motor nerves, the blood is driven from the part, and the skin becomes white. Another method of hastening the process consists in placing little wads of lint about the part, thus increasing the surface of evaporation. (*Revue Médicale.*)

LOW TEMPERATURE IN ALCOHOLISM.—Dr. E. Bull (*Norsk Magazin for Lægevidenskaben*) reports a case of acute alcoholism

in which the rectal temperature was 87° F. Under treatment by cutaneous excitants it rose rapidly to 98° F. Temperature as low as this is also reported in other neuroses.

PICRIC ACID AS A TEST FOR ALBUMEN.—Drs. Cooke and Watkins, at Bay View Asylum, Baltimore, found that in malarial cases in which quinine and cinchonidine were being used in large doses, these alkaloids were excreted in the urine, and gave, with picric acid, a reaction simulating albumen. Solutions of the alkaloids were found to give similar precipitates.

SEVERE HICCOUGH.—Dr. Ruhdorfer, in the *Allgemeine Wiener Medizin Zeitung*, reports a severe case of the above, lasting for three months, and which morphia, given hypodermically, could only check for a few hours or days. It resisted all the usual remedies, such as quinine alone, and with extract of belladonna, tincture of castoreum, or tincture of valerian, in water or with aromatics, mustard poultices over the stomach, dry cupping down the spinal column, chloroform, ether, zinc, bismuth, numerous emetics, and purgatives. The patient dragged on for three months under various remedies, morphia being administered whenever a single attack lasted beyond eight hours. At last the attack became overpowering, and the hiccough was so loud that the patient could be heard outside the house, through two doors. She sat up in bed, supported by her parents; there were dyspnea and cyanosis; the head was jerked in all directions; the pulse was small and frequent; the neck was distended. Dr. Ruhdorfer injected a solution of pilocarpin hydrochlorate (three centigrams in a gram of water). The hiccough was at once cured, as if by magic, and has never returned since.

TREATMENT OF VASCULAR TUMORS WITHOUT OPERATION.—Floriani has recently treated six cases of telangiectasis with sublimate collodion (fifteen per cent solution). The collodion is put on in four layers by means of a camel's-hair brush, each layer being allowed to dry thoroughly before the next is applied.

On the fourth day the edges are raised and a second series of four applications are made, this being repeated every fourth day until the swelling disappears and the edges are depressed. After the crust falls off the place seems depressed and reddened, but soon resumes its normal color. This treatment is painless and requires only one or two months to cause an angiomatic tumor to disappear. (*Allgem. Wein. Med. Zeit.*)

PARACENTESIS OF THE PERICARDIUM.—Dr. J. W. Macdonald reported to the Canada Medical Association (British Medical Journal) a case of pericarditis with effusion attendant upon acute rheumatism, in which he performed paracentesis. Thirty-two ounces of fluid were withdrawn, greatly to the patient's relief. A partial re-accumulation of the fluid was met by elaterium and counter-irritation, and the patient subsequently did well.

HYDRIODATE OF HYOSGIN IN PHTHISIS.—Dr. Fraentzel recommends hydriodate of hyoscin in the treatment of the night-sweating of phthisis, in subcutaneous doses of half a milligram (one one-hundred-and-fortieth grain), or in pill, beginning with the same dose. He does not find it so universally beneficial as atropia, and it sooner exhibits a narcotic action; but he has seen good results from it in cases where atropia has proved useless, or has failed to act after being in use for some time. (*Wiener Med. Blätter.*)

CHANGES IN THE INFERIOR VENA CAVA OCCURRING WITH CIRRHOSIS OF THE LIVER.—The study of edema of the subcutaneous connective tissue in cirrhosis, and the thereby induced belief that this edema could not be explained wholly by the mechanical conditions existing in the liver, led Doctor de Giovanni to examine particularly the condition of the vena cava in this affection. These investigations disclosed the fact that the edema in question was owing chiefly to disease and consequent disturbance in function of the vena cava ascendens. He found peri- and endo-phlebitis, thickening of the adventitia, hypertrophy of the

entire wall of the vessel, and increase in size of its lumen. In one case of cirrhosis of the liver in which, notwithstanding there was meteorism and marked ascites, no edema was present, he predicated the absence of disease of the vena cava, and the correctness of his assertion was confirmed at the autopsy.—(*Centralblatt für Klinische Medicin.*)

TREATMENT OF MACROGLOSSY BY IGNIPUNCTURE BY DR. WEISSACKER.—The patient was a girl, five years old, with a congenitally hypertrophied tongue, which filled up the entire buccal cavity, impeding respiration, preventing mastication, and rendering speech impossible. The operation was made without narcosis, on account of impeded breathing. The lips, nose, and palate were protected with a spatula. With a Paquelin cautery, 0.4 centimeters thick, and 5.6 centimeters long, heated to a cherry red, fourteen vertical and three horizontal punctures were made. No bleeding. During a treatment of three weeks frequent hemorrhages occurred, which were arrested with perchloride of iron. On leaving, the tongue had approached the normal size; breathing free, mobility good. Its use in articulation could not be determined yet. (St. Louis Medical and Surgical Journal.)

FLOATING LIVER.—A patient with a floating liver was exhibited in the Medical Society of Vienna, by Dr. F. Schwarz, in whom the cardinal symptoms were very marked. Medical literature records only fifteen cases of floating livers, thirteen among females, always complicated with pendulous abdomen; only two were met with in men. All these were preceded by intermittent fevers, with consequent hypertrophy and increased weight of the liver, dragging and stretching of the ligaments. For fixing the replaced liver, a truss with a leather pad was made, which the patient found comfortable and efficient. (*Ibid.*)

AMENORRHEA.—Dr. T. L. Hatch, in discussing different remedies for this condition, insists upon the necessity of judicious selection of remedies adapted to special cases. He says that in



suppressed menstruation from nervous shock he has found the best results from the following formula:

R Ex. nucis vom. fl., . . . . . ℥ xx.;  
 Aquæ, . . . . . ℥ iv.  
 M. Sig. Teaspoonful four or five times a day.

This is particularly indicated if there are colicky pains in the abdomen.

CANCER OF THE BREAST IN A GIRL.—A remarkable instance of the breast being attacked with cancer has lately occurred in a patient aged only thirteen years, who was last week under the care of Sir George Porter, in the Meath Hospital, Dublin. The part implicated was removed on the 24th inst., and the case is interesting in consequence of the youth of the patient. The cancer was not scirrhus, but consisted of a soft variety of the disease. (Lancet.)

AN UNDESCRIBED DISEASE OF THE FALLOPIAN TUBES.—The following unique case occurred in the practice of Mr. Lawson Tait: The patient, aged thirty-six, suffered from constant pelvic pain, aggravated during menstruation and after marital intercourse, and was much emaciated and haggard. She had had much fruitless medical treatment. There were no physical signs of pelvic disease, except great tenderness. Mr. Tait made an exploratory incision, and found the fimbriæ of the tubes adherent by curious little nodules, like millet seeds. He therefore removed the uterine appendages, with the result of completely restoring the patient to health. The nodules had been examined by Mr. F. S. Eve, who reported that he could offer no opinion as to their origin or nature, but that they were neither cartilage nor bone.

NEPHRECTOMY.—On November 13th Richard Davy, Esq., removed, by post-peritoneal incision, a large fibro-cystic kidney from a man aged fifty-three. The albuminous urine has ceased since the day of operation, and the patient is doing well. On November 14th Mr. Knowsley Thornton performed nephrectomy

by abdominal section on a young woman at the Samaritan Free Hospital, a tuberculous kidney being removed. The abdominal incision was made external to the rectus muscle, as Langenbach recommends, and, after a principle introduced by the operator, the cut surface of the distal part of the ureter was fixed outside the abdominal wound. The patient is progressing very favorably. This is the sixth case of nephrectomy performed by the same operator; all the patients have recovered, and in every case the strictest antiseptic precautions were employed. A very complete account of the history of surgical operations upon the kidney will be found in the contributions of Mr. Clement Lucas and Dr. W. Walter to the Surgical Section at the recent annual meeting of the Association, together with the subsequent discussion published in the *Journal*, September 29, 1883. (*British Medical Journal*.)

AXIS-TRACTION FORCEPS.—(1) The extraction of the fetal head through any part of the curved parturient canal demands the use of forceps having the pelvic curve (curve of Smellie and Levret). (2) Extraction with such an instrument can not be made without loss of power and mis-direction of power, unless the handles have a compensation curve (perineal curve of Johnstone, Moralés, Hubert, and Aveling). 3. The addition to the blades by a joint or hinge of compensationally curved traction-rods gives the possibility of correct axis-traction, while the change impressed on the direction of the fixed application-handles affords an index to the operator as to the line in which at any moment he ought to pull (axis-traction rods of Tarnier). (Dr. Alex. R. Simpson.)

INFANTILE CONSTIPATION.—Take one quart of bran meal, tie it up in a pudding-bag so tight as to get a firm, solid mass, put it into a pot of water early in the morning and let it boil till bedtime; then take it out and let it dry. In the morning peel off from the surface and throw away the thin rind of dough, and with a nutmeg-grater grate down the dry, hard mass into a powder. Of this from one to three teaspoonfuls may be used

by first rubbing it into paste with a little milk, then adding it to about a pint of milk, and finally bringing the whole to just the boiling point. It must be given through a nursing-bottle. I have seldom known the above fail to give relief. (Lancet.)

CASE OF IDIOPATHIC GANGRENE OF THE UTERUS.—Mr. Lawson Tait reports the following: Patient, aged thirty-four, had vague pelvic pain and offensive watery discharge. Uterus felt soft and flabby, the abdomen was swollen, and there were feverish symptoms. The patient died forty days afterward. On post-mortem examination, the uterus was found to be a black, sloughing, shrinking mass, having only about one square inch of normal tissue. No reason could be discovered for the gangrene. No operative treatment was permitted, or else it would probably have been quite easy to remove the dead uterus by abdominal section.

SIMPLE MEANS OF OBTAINING LOCAL ANESTHESIA. — Dr. Cheize (*Four. de Méd. et de Chir. Prat.*) writes that, wishing to remove an ingrowing toe-nail, and being without a spray-producer, he covered the toe with a pledget the size of a crown piece, poured ether on it, and evaporated this by means of a pair of bellows; in five minutes anesthesia was complete and lasted while the nail was removed and the matrix seared with the actual cautery. (Glasgow Medical Journal.)

CONDYLOMATA.—A year ago a patient came to us affected with condylomata. As the latter were very large, preventing the prepuce from being drawn forward, their removal was desirable; but the patient having icterus at the time, we told him to dust the parts daily with this powder:

R Hydrarg. muriat. mit., . . . . . ʒj;  
Acid. borac. pulver., . . . . . gr. x. M.

Three weeks later not a sign of them was left. They were all absorbed. Since then we have often had occasion to use this powder, and invariably with the same good success. (Medical and Surgical Reporter.)

PRURITUS ANI.—Allingham states that he has seen a bad case of this disease cured by the use of the subjoined lotion in forty-eight hours (Kelsey on Diseases of Rectum and Anus):

R Liq. carbonis deterg. (Wright's), . . . }	. . . . . āā 3 j;
Glycerine, . . . . . }	
Pulv. zinci oxid., . . . . . }	. . . . . āā 3 ss;
Pulv. calamin. prep., . . . . . }	
Pulv. sulph. precip., . . . . . }	. . . . . 3 ss;
Aquam ad, . . . . . }	. . . . . 3 vj. M.

The part affected is to be thickly painted over with this, once or twice a day, and allowed to dry.

OIL OF WINTERGREEN.—(1) In the oil of wintergreen (acid methyl salicylate) we possess a most efficient salicylate in the treatment of acute rheumatism. (2) In its efficiency in controlling the pyrexia, the joint-pains, and the disease it *at least* ranks with any of the salicyl compounds. (3) The best method of its administration is in frequently repeated doses, continued in diminished doses throughout convalescence. (4) Its use possesses the advantages of being unattended with the occasional toxic effects, the frequent gastric disturbance produced by the acid or its sodium salt, even when prepared from the oil of wintergreen; that its agreeable taste, and finally its comparative cheapness are further recommendations in favor of its employment. (Glasgow Medical Journal.)

A METHOD OF RENDERING THE SKIN INSENSIBLE.—M. Jules Guérin read a note at the Académie des Sciences on a method of rendering the skin insensible in those operations which do not admit of chloroform by inhalation, and cited a case in which he had employed it to advantage. A lady, aged sixty, consulted him three months ago for a tumor in the right breast, of eight years' standing, which on examination proved to be a scirrhus. The general health was bad, bronchial and cardiac troubles were very manifest, and the kidneys were not in a very satisfactory condition. However, the operation was urgent. Chloroform having been considered dangerous, M. Guérin applied around the tumor a circular layer of Vienna paste, limited by a double



band of diachylon. At the end of twenty minutes the caustic was removed, leaving in its trace a black ribbon-like line. The knife was then applied, and the tumor removed without the patient feeling the slightest pain, and she did not seem to be aware of the operation. The results were all that could be desired. (Medical Press and Circular.)

A LEECH IN THE LARYNX.—In the *Revista Medica de Sevilla* Dr. Sota records the extraction of a leech from the larynx of a man, who had entertained the unwelcome guest for fifteen days. The patient was unaware of the cause of the obstinate hemorrhages, associated with aphonia, constant harassing cough, difficulty of deglutition, great embarrassment of respiration. Symptoms which, in connection with the family history of the patient and the history of the attack, led at first to the supposition of phthisis; and, when nothing abnormal was found on exploration of the chest, to the idea of primary tuberculosis of the larynx. But laryngoscopic inspection at once revealed the nature of the case, the leech being seen adherent to the pad of the epiglottis, immediately above the anterior commissure of the vocal bands, extending upward and backward, so that its tail rested on the apex of the right supra-arytenoid cartilage. Notwithstanding the intractability of the patient, whose starts and movements interfered with the first attempts at extraction, Dr. Sota succeeded in removing the animal from its dangerous situation. It appears that while overheated the patient had swallowed a draught of cold water, and immediately experienced a constriction of the throat, followed by the symptoms above alluded to, as well as a continual tickling in the larynx.

HOOPING-COUGH—EUCALYPTUS.—Dr. Whitthauer reports four cases of pertussis, treated with tincture of eucalyptus globulus, which recovered in a little over three weeks. The dose for children from two to four years of age was five to eight drops. One of the patients, eighteen months old, suffered from well-marked rickets. After taking the eucalyptus for four weeks, not

only was the whooping-cough cured, but the enlarged epiphysis was reduced, and the child, who had never before attempted to stand on its feet, learned to walk. (Edinburgh Medical Journal.)

THE FEEDING OF INFANTS.—Dr. V. Poulain believes that the reason that cow's milk so often disagrees with children is to be found in the fact that cane-sugar is used to sweeten it. In the British Medical Journal, he says that for thirty-three years he has used the sugar of milk with the best results. (*Centralblatt für Klinische Medicin.*)

TINCTURE URAGUARA IN PULMONARY DISEASES.—Several cases of chronic bronchial and pulmonary diseases in which the uraguara (*didinamia angiosperma*) was used with good effect are reported by M. P. Merlini. (Medical News.) The first patient had symptoms of pulmonary phthisis; after three months and a half of treatment there was only a slight vesicular murmur. The tincture is prepared from the leaves or from the bark of the root, and is given in doses of gtt. v-xx, three times a day, before meals, in a glass of water. The tincture is well borne by the stomach, and its prolonged use produces no digestive troubles. It causes an increase of appetite and an improvement in the general health. Merlini states that, in several cases in which cod-liver oil, iron, lime salts, etc., had given no improvement, he obtained excellent results with the uraguara.

TO STOP HICCOUGH.—The New York Medical Record says that Dr. Shaw, of Cincinnati, states that he has often succeeded in this by following Dr. Kinnaid's procedure, namely: "Place the tips of the fingers of both hands in the position of complete supination against the abdominal muscles, at the lower and outer junctions of the epigastric with the hypochondriac regions. Now make firm and gradual pressure backward and upward against the diaphragm. This pressure should be continued for some little time after the diaphragm has ceased its spasmodic contractions, when the fingers should be very gradually withdrawn."

## Notes and Queries.

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THE UNIVERSITY OF LOUISVILLE.—The Medical Department of this Institution held its forty-seventh annual commencement on February 28th. The occasion was more than ordinarily enjoyable. The class was of very high average, physically and mentally. It contained some who, if spared to ripen, will leave their mark, many who will fill a large measure of usefulness in the world. One and all their forms aglow with youth, high purpose, and hope, they received, amid strains of inspiring music in an atmosphere of flowers, luminous with fair women, the coveted, long-toiled-for honors of the institution with becoming pride.

They have since scattered to report for duty at their several posts. The radius in which these posts lie reaches from the Northern lakes to the Southern bayous, from the blue-grass to the great wheat-fields, thence to the greater prairies, and thence, again, to the greater mountains, still nearer the "sunset and the baths of all the western stars." Very few of these posts will offer, as you and I know, fresh fields; for the Medicine Doctor—as Drake always read the two letters M. D.—is generally enterprising, and, when young, usually restless. Other posts, again, shall be occupied largely by the "Old Guard"—and are n't you and I coming to know about that corps, too? heroes on a hundred fields—posts where every patient won is wrested from the older men. Others—well, we won't press it—you and I know how it is, how it *was* with us. So, let's leave the music and the flowers, and the sloping shoulders to the handsome, elastic-stepping, stout-hearted youngsters, while we, feeling the tenderness, touched by the pathos, and yielding to the hope which ever rises in the older breast at the sight of the juniors as they step to the front, will watch and God-speed Youth as he launches his bark on the swift-moving sea of life and smites for the first time

in earnest the "sounding furrows" over which must lie all his future way. And more than this. Should the prow be set to our port, shall we not give him hearty welcome and speak encouraging words to his face and kindly words behind it, receive him cordially into the great brotherhood, and thus, at least, make his road to success the smoother if not the shorter as well? *He* will not forget it. We shall be the better for it. "The old order changeth" oftener than we think for. If the new comer has merit and it be but strong enough, he will win in spite of the "Old Guard," and, as for the matter of that, of any other guards that may stand in his way.

So pass along the Loving Cup, and here's health and work and blessings for all the entries every where of 1884! But, starters, ever carry this prime truth in your hearts, that the Great Stakes fall only to those who work and wait.

The degree was conferred on eighty-four students, as follows :

Agnew, Robert C., Kentucky.	Hansford, William G., Kentucky.
Allen, Thomas P., Kentucky.	Hume, Waverly M., Kentucky.
Branch, William G., Louisiana.	Hawthorne, Jacob, jr., Kentucky.
Baird, John W., Kentucky.	Haynes, Pugh, Tennessee.
Barnett, Thomas L., Texas.	Henrickson, A. M. D., Tennessee.
Barnes, William L., Michigan.	Johnson, Walter S., Tennessee.
Butler, Henry T., Tennessee.	Johnson, Richard C., Kentucky.
Book, Hampton D., Kentucky.	Johnson, Benjamin F., Texas.
Baucum, James B., Tennessee.	Johnson, James L., Kentucky.
Barlow, John R., Texas.	King, Samuel F., Texas.
Baldwin, Samuel C., Kentucky.	Keller, Mitchell S., Texas.
Comly, John B., Illinois.	Leatherman, John R., Indiana.
Cook, Edgar T., Texas.	Luse, Frank V., Kentucky.
Canton, Enrique, Nicaragua.	Littlejohn, Samuel F. W., Texas.
Crawford, Charles N., Kentucky.	Marshall, U. Ewing, Kentucky.
Crume, Thomas M., Kentucky.	Miller, Kinney N., Texas.
Crawley, Vincent C., Texas.	Moore, William, Kentucky.
De Armond, Christopher C., Tennessee.	Moore, Stephen A. D., Texas.
Davis, William K., Missouri.	Maxwell, Benjamin R., Arkansas.
Fisher, Simeon K., Kentucky.	Meacham, John W., Tennessee.
Gibson, William H., Arkansas.	Moore, William G., Kentucky.
Green, J. Holt, <i>M.D.</i> , Kentucky.	McGaughy, Andrew J., Indiana.
Green, Sidney J., Kentucky.	McGaughy, Emmett, Arkansas.
Gaddie, David W., Kentucky.	McWilliams, James B., Georgia.
Herndon, Benjamin F., Kentucky.	McMullen, Samuel D., Louisiana.
Hoye, Henry D., Missouri.	Nichols, Thomas B., jr., Kentucky.



Perrine, Benjamin J., Indiana.	Stovall, Richard F., Texas.
Pusey, Charles M., Kentucky.	Smith, Walter K., Kentucky.
Prichard, Charles C., Louisiana.	Sasser, John D., jr., Tennessee.
Pennington, William E., Texas.	Stucky, Frederick V., Indiana.
Poindexter, John M., Indiana.	Sanders, Hugh B., Kentucky.
Purdy, William, Indiana.	Stewart, Josephus P., Kansas.
Parks, Seth P., Kentucky.	Sharp, James B., <i>M.D.</i> , Tennessee.
Porter, Arthur R., Arkansas.	Teasdale, Charles H., Mississippi.
Runyon, Frank J., Kentucky.	Tate, Wistar A., Texas.
Redding, Salem M., Kentucky	Watkins, Samuel S., Kentucky.
Rogers, Joseph M., Indiana.	Williams, Richard C., Kentucky.
Robertson, Charles R., Kentucky.	Wolff, Jacob, Wisconsin.
Rush, Andrew J., Tennessee.	Williams, B. Dudley, Alabama.
Spurlock, George L., Texas.	Williams, Harvey P., Tennessee.
Smith, Wesley A., Georgia.	Wedding, Thomas G., Kentucky.
Smith, Samuel E., Indiana.	Yeakley, George W., Texas.

The Roll of Honor, composed of the ten graduates of the highest class standing, consisted of

Charles M. Pusey, M.D., of Kentucky.  
 John M. Poindexter, M.D., of Indiana.  
 Kinney N. Miller, M.D., of Texas.  
 Frank J. Runyon, M.D., of Kentucky.  
 William G. Branch, M.D., of Louisiana.  
 Samuel F. King, M.D., of Texas.  
 U. Ewing Marshall, M.D., of Kentucky.  
 John M. Meacham, M.D., of Tennessee.  
 Richard F. Stovall, M.D., of Texas.  
 Andrew J. Rush, M.D., of Texas.

The prizes were won by the following: First Prize, the Yandell gold medal, named in honor of the late Professor L. P. Yandell, sr., was awarded to Dr. Charles M. Pusey, of Kentucky; the second gold medal was awarded to Dr. John M. Poindexter, Indiana; and the third gold medal was awarded to Dr. Kinney M. Miller, Texas.

In the undergraduate's contest, the first prize, a pocket-case of instruments, offered by Arthur Peter & Co., was awarded to Dr. John P. Bell, Kentucky; the second prize, a copy of Gross's Surgery, offered by John P. Morton & Co., was awarded to Dr. Edwin A. Stevens, Kentucky; and the third prize, a pocket-case of instruments, offered by Adolph Fisher, to Dr. Lewis M. Woodson, Tennessee.

The Alumni address was delivered by Dr. H. K. Pusey, an alumnus of 1847. He said:

FELLOW ALUMNI—The best sentiments of our nature are those that draw inspiration from the old homestead, and the hearth-stone around which our first purposes were formed, and where our highest ambition found expression in the selection of our life-work. Sentiments akin to these, my brothers and fellows of the Alumni Association of the University of Louisville, have brought us together this evening. We come, as the children of a common parent, to render homage to our Alma Mater—to draw inspiration from the memories connected with our early history.

In honoring our Alma Mater we honor ourselves, and cultivate a sentiment of which we are all the better. Then, as one of her earlier born, I appeal to all her sons, from the oldest to the youths who go out from her halls to-day, to aid in placing this Association on a basis that will reflect honor on ourselves, and perpetuate our professional identity, by linking, as we have, indissolubly, our names and our fortunes with the institution from which we spring. The University is attaining an age that will soon reach beyond the memory of her oldest alumnus. It is fast becoming invested with the sanctity that antiquity brings. And yet this Association is struggling for an existence at two years old. This ought not to be. It must not continue to be. It is discreditable to the graduates of the University that it is so. It would be ungrateful should it continue. This organization ought to have been made years ago; ought now to number among its membership the hundreds of names, distributed all over these States, who are reflecting credit on the profession of medicine, and who, in their hearts, do honor the University.

Then come, my brothers, let us put to record the fact, and let it be perpetuated to our children's children, that we are of the Medical Department of the University of Louisville; that we this day, in some degree, take into our hands the keeping of this grand old institution. And while we enjoy the honors she has conferred on us, we will strive to preserve her name untarnished, and each, in his way, will labor to widen her fame and extend the sphere of her usefulness.

Every older alumnus ought to become a member of this Association—every younger one surely will. The changes that time has wrought for us, the faults and foibles that charity and the grave have covered, should leave the older doctor none but pleasant memories to cherish and revive, especially on occasions of this sort. To the

younger members we would say that time will soon clear away the rubbish of the present, with its disappointments and its rivalries, and lend its enchantment to the names and memories of to-day. We trust that you, too, in after years, will be able to point with pride to names on your diploma which have become historic, and say, "These were my masters," and to the University, "This is my mother."

I would be glad if I were able to pass the entire career of the University under review. Food for pleasant reflection might be afforded to every one. But the mind of each individual alumnus turns instinctively to the period when he himself was a student in her halls and listened to the teachings of her faculty; to the circumstances that made up his pupil life; to the impressions he derived at the time from his teachers, and to his recollection of them as men and as masters. I shall therefore claim your indulgence while I speak from this standpoint of a faculty that comes down prominently into the medical history of the country, and of classes many of whom have won distinction as teachers, writers, and practitioners. I speak with the consolation, however, that each succeeding year some other alumnus may tell of faculties and classes which he knew, so that in time all may be passed in review. In pursuing this line of thought, the older may have some advantage in enjoyment over the younger fellows. The work of our early masters, the pioneers, is done. Their fame is now the heritage of all. We can praise, and "none will dare to molest or to make us afraid," for no rival is wounded, no peer is berated. Time has healed all wounds of disappointment. And while ambition has spent its force, let us hope that our sympathies, educated to tenderness by long contact with human suffering, shall enable us to look gratefully to the memories of the past and hopefully to the prospects of the future. We are content to have lived at the period we have; content with our lot in life, with the work we have done and are now finding to do.

In 1837, Drs. Charles Caldwell, John Esten Cook, Charles Wilkins Short, and Lunsford P. Yandell came from Transylvania University, at Lexington, and associating with themselves Joshua B. Flint, Jedediah D. Cobb, and Henry Miller, they founded the Louisville Medical Institute. In 1840, by a charter amendment, it became the Medical Department of the University of Louisville. About this time, Samuel D. Gross, then the rising young surgeon of Cincinnati, replaced Dr. Flint in the faculty, and the philosophic Drake, then lecturing on medicine in the same city, took the place of the celebrated Cook. The fame of these great names, and the central position of this then growing and prosperous city, soon arrested the tide of

emigration eastward, and, having the whole great South and West to draw from, by the end of the first decade the classes of the University equaled any that had ever been assembled in America, and surpassed in numbers any that have since convened in the West or South.

About this time there arrived in Louisville a student of medicine in the person of an inexperienced country boy. He may have been a green and ignorant youth, may have been modest only; but he can never forget the tremulous timidity with which he first approached each member of the faculty. He had never seen one of them before. He had only read of them, and heard them talked of by their pupils. Before them he could not repress the feeling that he was in the presence of the oracles of the divinity at whose shrine he had come to worship. A letter of introduction was handed to Prof. Yandell. His greeting was cordial, but not assuring. He remarked, "Your preceptor is the finest-looking man I ever saw." To this no reply was made. He asked, "How do you reach the city from your place?" "By stage," was the answer. This statement was not all untrue, but it left a false impression. The story was unnecessary, for I have never believed that that great man would have thought any less of me if I had told him that I had walked to the city. There were no railroads in my part of the State at that day.

The impressions made by the faculty of the University in 1847 on a rural youth of this sort may not be of much interest to persons of the present day. We were all boys then, except those of you who have been since. Maybe some of you now are as green as I was then, but the impressions received at that time have never lost their interest to me. I see those here this evening whose memories go back with mine to that period and catch a glimpse of the stately Caldwell, whose muscle and brain had maintained their integrity to an age that all men without discrimination could honor. There was courtliness in the manner of raising his hat to the student as he passed him on the street, or to the class as it awaited him in the vestibule or lecture-room; and the apparently unconscious uncovering of heads always betokened an appreciation of his courtesies and the veneration in which the man was held. A great admirer of nature and nature's processes, Charles Caldwell was nature's nobleman. He had unbounded faith in the "*vis medicatrix naturæ*," and he was always jealous of any invasion of her methods by either chemistry, physics, or therapeutics. To intimate that any vital function was performed according to physical laws, was to ignore the vital force, invade its sanctity, and degrade science. This involved him in numerous discussions on the pro-



duction of animal heat, the circulation of the blood, and other physiological processes. It was his habit to say, "as between nature and the doctor, put the latter out of doors." He was a firm believer in the science of phrenology, or rather in phrenology as a science, not to the extent of manipulating heads, but that the brain was an aggregation of distinct and separate organs or nerve-centers, each organ or nerve-center presiding over a distinct and separate function in the cerebral economy, and that important topographical bearings of brain lesions might be gathered from its study. His faith in mesmerism involved him in the only discussion in which he ever appeared at a disadvantage.

Dr. Short will be remembered as a courteous, polished, and highly educated gentleman. A close student of botany, materia medica, and therapeutics, he taught classes accurately all that was known at that day on these subjects. Apparently unambitious in his nature and retiring in his disposition, he seemed farther removed from the pupil and more inaccessible than any of his colleagues.

Few of his pupils have ever acknowledged any superior to Dr. Cobb, as a teacher of anatomy. With a clear, distinct, and resonant voice, he was an agreeable speaker and forcible lecturer, and invested the dry subject of anatomy with as much interest to students as any man of his day. Cobb was considered the student's friend.

There was no member of that faculty whose teachings and practice his pupils have stood by with more unshaken firmness and confidence than those of Henry Miller. With an impediment in his speech, he only dealt with language to convey his thoughts and facts. The undivided attention he always had of his pupils indicated the value they attached to his instruction. Long live the memory of Henry Miller.

There was no man of his day who exerted a larger influence over the practice of medicine in the Mississippi Valley than did Daniel Drake. An original thinker, a close and accurate observer of facts, an agreeable and forcible writer, and withal an untiring student, he commanded the respect and admiration of his pupils and the confidence of the profession. Much of his power over his classes resulted from the extreme simplicity of his character, his independence of thought and apparent indifference to either professional or popular applause. As a lecturer and orator he was after his own style. His like had not been before, nor has it been seen since. He seemed to give himself up to his subject, to be borne along by it, to be impelled, by the force of his own thoughts, into some of the grandest flights of

eloquence. Dr. Caldwell once said that Drake was the only man he ever knew who set at defiance every known principle of rhetoric, logic, and elocution, and yet was a great orator and grand lecturer.

Of the members of that renowned faculty, all are gone save one. Only two—the late L. P. Yandell and S. D. Gross—survived to a period recent enough for the present generation to form an estimate of them from personal knowledge. Of these two masters I feel justified in saying that no two men, living or dead, ever did as much for medicine and medical teaching in the South and West as these two life-long friends. And though Yandell “be dead, he still liveth,” and other generations of doctors will have come and gone before his influence shall have ceased to be felt. No member of that faculty possessed so varied a genius nor wielded so ready a pen. He was a man for any emergency. As simple as a child with his friends and the truth, to error and his enemies he was as terrible as an army with banners. He shone brilliantly and was lovable in every relation of life. As a teacher of chemistry he wielded the apparatus of the laboratory with a master’s hand. His experiments and demonstrations never failed. As organic chemistry often led him into the domain of physiology, his modern and progressive ideas always excited the apprehension of his venerable colleague, that the “vital force” was to be ignored and his branch degraded to the level of a physical science. While he was the most accessible member of that faculty, no one commanded more respect from the student, nor knew better than he how to make of him a gentleman as well as a doctor. His influence, always on the side of Christianity, served to exalt and ennoble the profession of medicine in the minds of his classes. As a father, his pupils honored and loved him for the paternal pride manifested by frequent allusions to his son, who was then a fledgling, pursuing his studies in Paris, but is now the distinguished Professor of Surgery in the institution founded by his father. They loved him for the tender address and gentle command of the lithe and active little boy bearing his name, who then stood at his back in the laboratory to supply his wants, but is now the mature man, ripe scholar, and eminent Professor of Theory and Practice of Medicine in the University. No sentiments that these sons have ever uttered have done them more credit or found a heartier response than those in honor of their distinguished and now sainted father.

S. D. Gross, the Nestor of American surgery, is still permitted to linger with us. God bless him! Burdened with the weight of years, with the aggregation of human experience and the honors heaped upon him by a grateful humanity and a loving profession, he still

rests not from his labors. And why should he? Why, indeed, should the world ever be deprived of so much knowledge, so much experience while human suffering continues?

It would not be enough to say that the University of Louisville has ranked well, and that her faculties and alumni have compared favorably with other institutions of the land. This would not do justice to the distinguished names that have been mentioned, and that will be mentioned on occasions of this sort, when the pupils of those who have followed the giants I have named, and those others who have sate under the teachings of Bartlett, Austin Flint, Silliman, Rogers, Eve, the elder Palmer, Bayless, Bemiss, Breckinridge—"he of the golden mouth"—and the strong and gifted, but gentle Cowling, shall come to bring us their message.

Organized by the pioneers of medical teaching in the Mississippi Valley, the University of Louisville has maintained, and let us believe will ever maintain, an advanced position among medical schools; will continue to supply them with teachers, the periodicals with editors, the American Medical Association with its presidents, and the chief cities of the Union with their leading practitioners. This brief review of a very short period in the history of the University has been confined to a mere sketch of my great masters as I knew them, with no intention to undervalue the claims of others who have figured in her history, nor to ignore such additional factors as have increased her strength and usefulness. Be, then, my brothers all, of good cheer, not forgetting that our labors too go to make up the record of her ever-widening fame. And though it is not permitted us all to be great, nor all our names to become historic, we can all be honest and true. We can do, to the best of our strength, the work that is allotted us, so that when the end comes and "He that gathereth the bread from the waters" shall make up his account, we too shall receive a full reward.

PROFESSOR W. O. ROBERTS.—This gentleman will sail for Europe in March. He expects to spend April, May, and June in Great Britain. In July he will go on to the continent. In August he will return to the meeting of the British Medical Association, to be held this year in Belfast. Thence he will go to the International Medical Congress, which meets at Copenhagen, and with another short stay in some of the continental cities, will reach home toward the close of September. During

his absence he has promised to act as the regular foreign correspondent of the *AMERICAN PRACTITIONER*. We commend our friend and colleague to our friends abroad, who will find in him a most unassuming and cultivated gentleman. He goes abroad to study. Letters addressed to the care of Ernest Hart, Esq., Wimpole Street, London, will reach him.

ALUMNI RECEPTION TO PROFESSOR THEOPHILUS PARVIN, M.D., LL. D.—Under the direction of the Executive Committee of the Alumni Association, a reception was tendered Prof. Parvin, at the St. George Hotel, Monday evening, January 28, 1884. A large number of the resident alumni were present, besides many invited guests. We know we shall earn the thanks of our readers for copying from the College and Clinical Record the report of the speech made by our former editorial associate.

Prof. S. D. Gross, the President of the Alumni Association, took the chair at nine o'clock, and, calling the meeting to order, introduced Prof. Parvin in a brief address, in which he spoke, in most appreciative and complimentary terms, of his ability as a teacher, as a skillful gynecologist, and of his high reputation as an author. He said he had known him for years, and since he had first met him at a meeting of the American Medical Association, had kept his eye upon him; he had noticed the high position he had occupied in Pittsburgh, Cincinnati, and Louisville, the scene of his own former surgical achievements, and he said that he still intends to keep his eye upon him, now that he is in Philadelphia. He declared that Prof. Parvin was now in the plenitude of his powers and full of vigor, with twenty-five years of life and work before him. The selection of the Board of Trustees was the most appropriate one that could be made, and therefore, on the part of the Alumni Association, he welcomed the new professor to our hearts, our homes, and our firesides, and hoped that, finding himself surrounded by friends, he would feel himself at home in Philadelphia. Dr. Parvin rose and said:



*Mr. President, and Gentlemen of the Alumni:* Suitable acknowledgment of the honor you do me to-night is impossible. The very reception itself, so kindly given, might embarrass any one, no matter how facile of thought and fluent of speech. But you add to that embarrassment by having me presented to you by one who stands among great men as a giant peak among mountains; a man whose brow is richly wreathed with well-won laurels, and whose name and fame are world-wide. Not only this, but he, of noble life and imperial renown, has with that generosity characteristic of magnanimous men, in this presentation referred in commendation to the little work, infinitely little in comparison with his own, I have done, so that I would rather hide from you than make reply. But that would be shrinking from a plain duty; that would be an ungracious return for your great kindness.

It is not for me to bend the bow of Ulysses; not for me to speak the wisdom of Nestor; attempt at either would be vain and foolish. But words of thanksgiving, fresh from a heart full of gratitude, shall be yours. Galileo said that all truth was included in the letters of the alphabet; and so there must be therein likewise included fit speech for this occasion, if one could only pick out the needed letters and put them in proper order deftly, as a printer setting type. I half believe the students of the College had some prevision of my present difficulty, for immediately after my first appearance before them they presented me with Wallace's obstetric forceps, so well-adapted for delivery at strait inferior or strait superior; and did they not thereby suggest that I might be in a strait, and artificial delivery be demanded? Sure enough, that is my position just at this moment. Nevertheless, give nature a chance, and see if artificial delivery can not be avoided.

For more than a score of years the hope, sometimes fading to be a mere dream, and again becoming strong as a conviction, has been mine, that one day I might be counted worthy to be a teacher in Philadelphia; and many an act of my life, many a decision as to my course, has been determined by this hope. Erasmus, in his *Colloquies*, says: Despair makes soldiers and monks. False or true, despair never makes doctors. The doctor must never be a bearer of darkness and despondency in the sick-room; nay, he must bring sunshine and hope, joy and strength, even in desperate diseases wearing a cheerful courage, so that a virtue goes out of him, entering the heart of each one to whom he ministers. He is indeed a sort of life-preserver, and a life-preserver decreases in value as it increases

in gravity. The half-hearted, hopeless doctor never secures the best success for his patients or for himself.

But returning: When, last summer, Professor Wallace, after so many years of successful work, was compelled by ill-health to resign his chair, and almost at the eleventh hour there flashed across the wires to me, in my western home, an authoritative inquiry as to whether I would be a candidate for the vacant chair, I was not surprised, and my answer was ready. Nor when, some two weeks later, the quick lightning told me my election, the event did not astonish me, for, lo! it was but the accomplished fact of my dream, my hope, my conviction.

I left a city where thirty years of my life had been spent, a city that had increased tenfold during my residence, and which is one of the most prosperous and delightful of inland cities in the Middle West; left clients who had been mine for years, clients as grateful and trustful as ever physician had, and who are forever precious in my memory; left a daughter, dear to me as life itself, and whose only misfortune probably was to have married a gentleman who ought to have been a Philadelphia doctor rather than an Indianapolis lawyer; resigned my position in the University of Louisville, a medical school in whose prosperity I feel a deep interest, and which has an able Faculty: among its members are Dr. Theodore S. Bell, a prodigy of vast and varied learning; the two Yandells, illustrious sons of a noble, now sainted sire, one of them so well-known to most of you as one of the clearest and most vigorous writers in the profession, and one of the most eloquent and fascinating orators upon the continent: it was both pleasure and honor to be associated with such men as these, and their colleagues. Ties of no common strength were broken when I left these and other friends; but the voice of duty and of destiny was plain. Nor was my coming to Philadelphia that of a stranger coming to a strange land. My father was a graduate of the literary department of the University of Pennsylvania, and I of its medical department; in this very city my mother was born, though her residence was in an adjoining State, and here she was married; most of my boyhood was passed a few miles from Philadelphia. I came back to familiar scenes and sacred memories, came back to kindred, came back to the graves of my ancestors, so that when my work is done my dust can mingle with kindred dust.

But the generous, hearty welcome—welcome by Jefferson men, by University men, and by those not connected with either school—has been most cheering and delightful. Thank God that there is in this

city of brotherly love such a noble, fraternal love among doctors. Especially was it delightful to find, among those in this city, some of those whose names have been mentioned in connection with the place to which I was elected, and who were worthier the honor, or might have discharged the duties better than I, were among the heartiest in their welcome and kindest in their course to me. May I specify among these Dr. Ellwood Wilson and Dr. Albert H. Smith? The latter was among the first to telegraph his congratulations upon my election, one of the first to greet me upon my arrival, and since then has generously placed upon me a load of obligations which I can neither forget nor repay. I have met every where kindness; I have met not only kindness, but generosity; not only generosity, but prodigality in good deeds and all helpful acts. One of Molière's characters exclaimed, that it rained syringes and women in Paris. I think it rains kind words and deeds in Philadelphia. Again, thank God that there is such a large-hearted, open-handed, generous and noble profession as Philadelphia doctors have shown themselves to me.

Gentlemen of the Alumni, you have put me under new bonds to-night. You have put me under the bonds of gratitude; and let my right hand forget her cunning, and my tongue cleave to the roof of my mouth, if I forget him who does me a good. You have strengthened the bonds made mine when taking the Chair of Obstetrics and Diseases of Women in Jefferson College, a chair that had thrown upon it for so many years such resplendent brilliancy, it was justly held to rival any other chair in this or in any other school upon the continent.

Heaven helping me, I will be true to the trust, and so far as possible, faithful to all its glorious traditions.

After this the collation was enjoyed, and the company, after conversing in groups, finally adjourned, about eleven o'clock. The following telegraphic dispatch was received and read during the evening:

*To Dr. Samuel D. Gross:* Please offer this at the banquet: "To your guest. A ripe scholar; a graceful writer; a charming lecturer. The West gave him to the East with regret, but accepts it as another evidence that the East, in asking for him, is coming to recognize that there is a country west of the Alleghanies and the Blue Ridge full of men."

D. W. YANDELL.

Among the letters received by the Committee was the following from Prof. Fordyce Barker :

*To the Alumni Association of the Jefferson Medical College :*  
I would gladly make any personal sacrifice to join with you in doing honor to one whose personal character, whose brilliant talents and thorough scholarship command the warmest esteem, not only of his personal friends, but of all familiar with medical literature. I heard no news this summer which gave me so much pleasure as that Dr. Parvin had been called to the Jefferson Medical College, a field worthy of his best efforts, and I am not surprised to see this manifestation of the appreciation which he receives.

Very sincerely yours,

FORDYCE BARKER.

A CARD—A MISREPRESENTATION CORRECTED.—In the Louisville Commercial newspaper of the 2d inst. appeared an open letter addressed to Dr. D. W. Yandell by Dr. William H. Galt, of this city, which has since been published in the "Medical Herald," of which he is one of the editors. In this letter he goes out of his way to make an unprovoked attack upon me. He alludes to me only under my present title, Professor of Obstetrics in the University of Louisville, and among other things charges that while I occupied a chair in the Kentucky School of Medicine and was its dean, I became, and am now, a defaulter to that institution.

The mere exhibition of personal rancor contained in this letter I pass over.

The only charge against myself which I deem it worth my time to notice is that which refers to my financial relations to the Kentucky School of Medicine. The funds which passed through my hands during the years of my deanship amounted to between twelve and sixteen thousand dollars per annum. When I withdrew from the institution, in 1882, an incomplete adjustment of accounts took place. My statement rendered to the Faculty showed them indebted to me to the amount of fifty cents. Neither my former colleagues nor myself considered the accounts between us as formally or finally closed. But we both knew that the difference, if any, between us must necessarily be



trifling, and so, while a concluding settlement could have been had any day, it was simply neglected. According to the statement, furnished at my request by my old colleagues within the past few days, which I now append, it appears I was indebted to them in the sum of seven dollars and twenty-eight cents.

LOUISVILLE, KY., March 4, 1884.

PROF. JOHN A. OCTERLONY, M. D.:

*Dear Doctor*—Your note, together with your account against the School, just received. We find, by comparing the same with the School's account against you, as per the Auditing Committee's report, that there is a difference of seven dollars and twenty-eight cents in favor of the School.

Yours truly, J. M. MATHEWS, M.D.,  
M. F. COOMES, M.D.,  
HY. ORENDORF, M.D.,  
SAM. E. WOODY, M.D.,  
W. H. WATHEN, M.D.

I now hold the treasurer's receipt for this pitiful sum.

Having shown by the above statement from my former colleagues that the writer of the "open letter" had no just ground for his accusation, I here leave the matter with the public.

JOHN A. OCTERLONY, M. D.

MEDICAL ART.—The word "art" is probably derived from the Greek *αρετη*, signifying *goodness, excellence, power, force*; it is, indeed, in medicine, its practical goodness, excellence, power, force. Increase in medical science is the enlargement of medical art. Science, knowledge organized in a system, a body of truth, reasons, but art acts; science has laws, art has rules; science does head-work, art hand-work; science asks *why*, art knows *how*; in medicine the one is the necessary complement of the other. (Theophilus Parvin.)

THE PHYSICIAN AS A MORALIST.—How much the family physician can do to set lives right morally as well as physically; to allay social discord, to correct misunderstandings, to comfort the sorrowing, to give garments of praise for the spirit of heaviness,

to rouse a slumbering will, sometimes to reclaim the profligate, enforcing the highest lessons of virtue from the penalties of disease, in short to make men, women, and children healthier, happier, better. (*Ibid.*)

“FIRST Country Doctor: ‘Could you come to my place, Brown, to-morrow morning?’ Second country doctor: ‘All right, old man. What is it?’ First country doctor: ‘Well, I’ve had a case of endocarditis which I’ve very successfully treated with *convallaria majalis*, and I want your help with the post-mortem.’” (Punch.)

NOT ENOUGH EITHER FARMS OR PLANTS.—The plan of young doctors, unsuccessful doctors, and doctors with leisure on their hands cultivating drug farms has been suggested. There are, doubtless, many medicinal plants in this country which could be cultivated with profit, even on a small scale. (Medical Record.)

NIGHTCAPS AND DREAMS.—Dr. J. Mortimer Granville, of London, has been urging the use of the nightcap as a preventive of dreams. Apropos, a correspondent of the New York Times urges the use of the corset as a preventive of “taking cold.”

ONE hundred and fifty children are said to be suffocated yearly in England by sleeping with their parents; in Germany parents are not allowed to have children in bed with them. (Md. Med. Journal.)

A CONNECTICUT druggist, the interior of whose laboratory was in flames, discharged into it the contents of a fountain of soda-water, with complete success in quenching the fire.

THE brain of Carey, the Irish informer who was killed by O'Donnell, weighed sixty-three ounces, which is more than the weight of the brains of Cuvier and Webster.

A CANCER PATIENT living thirty-nine days and fourteen hours, supported wholly on water and morphine, is reported in the British Medical Journal.

# The American Practitioner.

APRIL, 1884.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

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## Original Communications.

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### ESSENTIALS IN MEDICINE.\*

BY JOHN A. OCTERLONY, A.M., M.D.

*Professor of Obstetrics and Diseases of Women and Children.*

*Gentlemen of the Graduating Class :*

It devolves upon me to say a few last words to you in behalf of the faculty, in presence of this large audience; yet it is especially to you I would speak. This is *your* day. A day of honor and honest pride, it must ever be a salient point in your career. As with eager anticipation you have counted the time that led up to this day, so by it you will count the coming years which will lead you further and further away from it into the misty future.

Would I might speak to you such words of wisdom and of warning, of encouragement and cheer, of counsel and of help, that their echo shall reverberate through your hearts and minds until thought and pulse shall cease together.

You are now at the sunrise of your career. You have worked through the dark chill hours of early dawn. How will you bear up under the toil and burden of the day? Perhaps even as I speak some of you are trying to solve in your own minds the

\* Being the address to the Graduating Class of the Medical Department of the University of Louisville, February 28, 1884.

problem of the future. The question, What shall I do; how shall it be done? must come to you as it comes to every beginner in every walk of life. This question implies that while many things may be done, there is one that is the best to do. There are many ways for doing this one thing; there is but one best way. Now the doing of the best thing we can, in the best way we can, constitutes the great problem of life. To its safe and satisfactory solution by each of you, in the calling you have chosen, certain conditions are essential. Some artists paint a picture with a few strokes of the brush, without any effort at finish or elaboration of details, yet complete in conception and effect. In the same manner I would aim to picture to you the *Essentials in Medicine*. A large subject, capable of being treated in a variety of ways, and viewed from very different standpoints, it embraces not merely a science, but an art, a profession, and an honorable means of earning a livelihood—a complex subject, yet the essentials are not many. By essentials in medicine I understand every thing required for the highest type of a medical man—all the elements which combine to make up our ideal of a perfect physician.

I would begin by saying then that the first essential thing for you, as physicians, is—KNOWLEDGE. That you are here to-day, under these joyous circumstances, is accepted as evidence of your possessing this requisite. But your knowledge, great as we have just declared it to be, is not yet, let us hope, all it is destined to be. It remains to be rounded out by study and matured by reflection.

The public expects more knowledge of young physicians than is fair, and gives them credit for less than is due them. A young merchant, starting in business with moderate knowledge and capital and with little experience, is not expected to exhibit the qualities looked for in one who for many years has been immersed in commerce. By industry and patient economy, by sagaciously investing his means, turning them over and over, the former becomes in time a man of wealth and power. Now, no more than this should be asked of the young physician. By



patient and persevering study he adds to his knowledge, which is his capital, he augments his experience and skill by keen and careful observation, and in course of years he becomes master of his art, and *he* also comes to be a man of power, and, though rarely, perhaps also of wealth. But this mastery of knowledge and skill can be reached only by hard work persevered in for years. Though all desire the reward, few are willing to undergo the toil and self-denial by which it is earned. *Scire volunt omnes, mercedem solvere nemo.*

Yet I venture to say the proportion of well-qualified young men in the medical profession is as great as in either that of law or divinity. The complaint is often heard that nowadays our medical colleges graduate too many young doctors, who have neither the requisite knowledge or training to fit them for their responsible duties.

That there is often just ground for this complaint may not be denied. But, fortunately, it is one of the things which correct themselves. Physicians can not, in the nature of things, be much behind nor much in advance of the guard line of the great army of progress. There may perhaps be among you some who have not had the advantages of a classical education, who have but a slight acquaintance with Latin, are ignorant of Greek, and have never studied the higher mathematics. And are men who, by adverse circumstances, have been deprived of these intellectual luxuries to be denied the privilege of studying medicine, and to be thus excluded from a liberal profession? Some of the most brilliant men I have ever known, though giants in medicine, were deficient in general education. One wrote "opportunity" with a single "p," and "hope" with a double. Some of the most gifted medical students, who were graduated with the highest honors, had been sadly stunted in school privileges, and showed it in their chirography and conversation. It can not be forgotten that John Hunter had received but a scanty literary training, yet he created a new era in medicine. His life-work was stupendous both in character and amount. His was one of the most imperial intellects of modern times. Buckle declares

that the high order of his genius entitles him to be ranked with Aristotle, Harvey, and Bichât. Velpeau, with the merely nominal schooling of a blacksmith's assistant, rose by dint of never-flagging industry and never-yielding will to the loftiest pinnacle in the profession, and became the recipient of the highest dignities of the State. What a loss to science—to mankind—had such men been robbed of their vocation!

But let not your ignorance of these very useful helps discourage you, for the man who has once felt

“The wish to know—the endless thirst,  
Which even by quenching is awaked—”

will in time make good the lack of preparatory knowledge. I need not look beyond this hall for a splendid illustration of what a powerful intellect, guided by unflagging industry and perseverance may achieve in conquering difficulties and acquiring varied, profound, and extensive erudition. [Here the speaker turned to the venerable Emeritus Professor of the Science and Art of Medicine, Dr. T. S. Bell.] Whatever may be said, the truth is that the young doctors of to-day are far better trained and much more competent to practice medicine than were those of former times.

The science of medicine has made prodigious strides. Teaching at present embraces more branches and is much more thorough than in former times. The text-books in general use to-day are so comprehensive in scope and excellent in character that the student has easy access to information which was simply unattainable by his predecessors. The facilities for clinical teaching are now so abundant that students may obtain a practical acquaintance with most of the diseases they will be called upon to treat when physicians. Indeed the graduate of to-day has generally had opportunities to see more of disease and acquire a larger clinical experience, even before he has rented an office and hung out his sign, than was possible at an earlier day for any but a favored few, even after they had been in practice for several years.

In support of the charge that too many young doctors are graduated by our medical colleges, the statement is often made that the physicians in the United States are more than twice as numerous to the population as in Europe. This latter may be true, but the conclusion based upon it is false. Vast regions of our country are so sparsely populated, the distances traversed by the physician in making his rounds are so great, so much time is consumed in going from place to place, that in many localities the number of physicians is entirely too small and the people often suffer for the want of medical aid. The proportion of medical men to the number of inhabitants then, should, and must for some time to come, continue to be larger with us than in the densely populated countries of the old world.

If the profession receives an annual influx of new material it also sustains an annual loss. The balance is struck between these two by the great law of supply and demand. So many physicians die each year; so many retire on account of age and ill health; so many leave the ranks to engage in other pursuits. These vacancies must be filled. New communities are constantly springing up, old communities expand. The great West is rapidly growing in numbers and extending the boundaries of civilization. The whole population undergoes an annual increase by births and immigration. These causes create a steady and increasing demand for physicians. This demand is supplied, and no more, by our medical colleges. These convert their students by a three years' process of instruction and training into physicians and surgeons whose intellectual activity, professional information, and practical skill become in time equal to the average medical man of any other country.

Mr. Erichsen, the celebrated English surgeon, visited the United States some years ago, and after careful study of our medical men and institutions expressed the opinion that the average American practitioner is in every respect equal and in some respects superior to the average practitioner of Great Britain.

The study of a science is sometimes undertaken simply to

gratify a desire for knowledge. Many of the most illustrious men in the physical and other sciences were graduated in medicine, but did not practice it as a profession. This latter requires a natural taste and a peculiar adaptation of mind which fit one for "the healing art." It is essential the physician should also be convinced that it is the highest calling in which he can engage.

"Let every man be occupied," says Sydney Smith, "and occupied in the highest employment of which his nature is capable, and die with the consciousness that he has done his best."

Some very good men are at a disadvantage all their lives in our profession, because while in it they are not of it. They have worked hard to make themselves "doctors in medicine," but nature declined to make them physicians. The spirit of the healing art was never breathed into their nostrils. They are a hindrance to themselves and to others. Some of these, fortunately, quickly realize that they are "misplaced," and drop into some other pursuit where they enjoy a comfortable existence. Others plod through a long life, and either do not find out or are unable to rectify their mistake. One might have been a good mechanic, another a successful farmer, still another a thriving merchant. It must have been of such as these that Lessing wrote :

"Tompkins forsakes his last and awl  
For literary squabbles,  
Styles himself poet, but his trade  
Remains the same—he cobbles."

I do not deny that some of the class to which I allude are good physicians, and may even acquire reputation and fortune by their professional labors in spite of the latter possessing no great attractions to them. But no one ever rose to eminence as a medical man who did not have a genuine love for his work. Nor can any one achieve the highest results of which he is capable, did he not also take a delight in his work for its own sake and in perfecting himself in it. Our employment in life should be "the work of our own hearts, and this must be our chastisement or recompense."



To those who engage in the practice of medicine merely for its honors and emoluments, or simply as a gentlemanly occupation, there is but little in their work to sustain or cheer, to interest and elevate. The steady hard work, the unseasonable and ceaseless calls upon their time, the irregular and broken sleep, the frequently revolting revelations of the sick-room soon become irksome and unendurable. They merge into mere routines, their work is hurried, superficial, and badly performed; they long to leave the sick and seek more congenial companionship. Truly, "the ill doing of a good thing is indeed a great evil."

A medical man often finds himself in the presence of sudden and alarming illness, or unexpectedly called to succor the victims of some appalling accident. His every look and gesture are anxiously watched. His words are oracles to be believed and obeyed. Upon his judgment and skill hang life and happiness. Desponding looks and weak inaction, overweening confidence and precipitate measures, all are here equally out of place. Calm self-possession, quick perception, prompt action are essential. And these are born only of the conscious possession of knowledge and skill. United with a strong sense of duty and an ardent desire to save and to heal they render him equal to the emergency—

"Eager to hope but not less firm to bear,  
Acquainted with all feelings save despair."

Yes, the physician must not only have faith in the power and resources of his art, but he must also have faith in his own power to wield them. No great work was ever done by the man who was not conscious of power to achieve it. Therapeutic nihilism is the child of medical indifferentism. The man who doubts the efficacy of medicine to cure disease and alleviate suffering, to prolong life and increase the sum of human happiness, may be a great anatomist, an eminent histologist, a profound pathologist, but he can not be a good practical physician. The men in our profession who have done most good in their day and generation, who did most for the advance of science, were enthu-

siastic workers. They worked, they believed, and they hoped! In them,

“ . . . Persuasion and belief  
Had ripened into faith, and faith become  
A passionate intuition.”

When we scan the lives of men most truly great, we find that they did fewer things than many ordinary men; but they did what they had to do a thousand times better.

Indeed, a multiplicity of work is a great obstacle to the thorough performance of any. Hence it has been said, with truth, that a man who lets himself have too many things to do is always a foolish man, if he is not a guilty one. It is therefore essential, if you desire great perfection and skill in medicine, that you leave all else and apply yourselves with energy and zeal to reach them.

But the realm of medical science is now so vast that it is impossible for any one to seize in his mental grasp all the knowledge and acquire practical skill in all its various departments. This great advance is largely the result of the “subdivision of labor.” At first a matter of choice, it has now become a necessity. Men differ greatly in taste and in adaptation of mind. Naturally or by force of circumstances some drift into one line of work, others into another.

*Mille hominum species, et rerum discolor usus;  
Velle suum cuique est, nec voto vivitur uno.*—PERSIUS.

In mind and taste men differ, as in frame;  
Each has his special will, and few the same.

Each finds he can do some things with more ease and success, and by a species of natural selection he gradually comes to confine his work to these things. This was true, at any rate, when specialties in medicine were first adopted. I am not so sure that it is equally true at the present time. It nevertheless is the origin and explanation of specialties in medicine.

But a young physician should never take up a specialty till he has first practiced general medicine, and, in a word, has

become what the English call a good "all around practitioner." For in the division of medicine into specialties, though both useful and captivating, lie the dangers of unscientific empiricism and a tendency to such exclusive interrogation of a single organ that its true relations to the entire organism are overlooked. We must also bear in mind that specialism has its proper limits, which it may not exceed without transcending the boundaries of legitimate medicine and of common sense. Pursue then, by the side of your course of general reading and observation, a separate line of study, if you will, selected according to your taste and opportunities. This will be a recreation. You may call it a hobby, if you choose. But you will soon become pleasantly aware of a degree of special proficiency which could not have been obtained in any other way. Ere long it claims more and more of your attention and time, and presently becomes a source of profit as well as pleasure, by the tribute of appreciation gained from your professional brethren and the public; for after all, gentlemen, your place as physicians is assigned you by the voice of your profession. In spite of jealousy and quarrels among doctors, they usually accord merit its deserts, and the estimate of a medical man by medical men is generally correct.

In our professional as in our spiritual life there is no standing still. Every moment bears the burden of some thought or effort which will either advance or set us back in our strivings toward perfection. Strive then with energy and zeal. Your work will have an ever-increasing fascination. The efforts you put forth will invigorate your minds, while your interest and sympathy for your kind become broader and deeper.

Medicine accepts no half-hearted service from her votaries. She is an exacting but a generous goddess, who repays a hundred-fold the love and labor offered at her shrine. They only receive nothing who give nothing.

Professional honor and glory are ever the meed of those who honor and glorify their profession. Medicine gives ample scope

for the exercise of the highest talents. Never was the character of the work so varied or more enticing than now. Never were the results so beautiful and grand, so full of promise for the future.

In a recent lecture on Surgery, Sir William McCormac made some remarks which apply with equal force to the whole field of medicine: "What is surgery?" he said; "do you say it is the work of a man's hand? Do the surgeons of to-day work with their hands alone? Not so, but with their hands and hearts and brains. Surgery is a battle with death, in which the surgeon is often vanquished, it is true, but never have his equipments been so complete nor his victories so glorious as at the present day."

The past has left examples for the emulation of the present. The names of illustrious men

"Whose lives did not end when they yielded their breath;  
Their glory illumines the gloom of the grave"—

glow on every page of the history of our calling. Their mighty spirits, speaking in their works, ever cry, "As you have received from those who went before, give ye also to them that shall come after."

Look around you: the spirit of progress pervades every rank of the profession. Whether in the luxurious abode of the metropolitan physician, in the modest home of the village practitioner, or where yonder flickering taper sheds a feeble light in the country doctor's quiet dwelling, intellectual activity is seen and felt. I beg you, therefore, cease not from labors which are yet but just begun, but prepare yourselves for new and nobler efforts.

Wherever your lot be cast, the greater portion of your time belongs to the sick. You must go to them, not grumblingly, but gladly—give to them, not grudgingly but freely, the best service of your hands and hearts and brains. The physician



should be a gentleman, and true gentlemanliness comes from the heart.

“We must be gentle

Now, we are gentlemen.”

Remember that no one consults you in your professional capacity whom it shall not be in your power either to heal, to soothe, to cheer; to remove his burden or make it easier to bear.

“Thus, when humanity warms the heart of the practitioner, the interest, excitement, and intellectual pleasure of helping the sick is exalted into a principle and invested with a moral motive and passes into the heart. If religion animate it, then happy indeed is the man whose mind, whose moral nature, and whose spiritual being are all harmoniously engaged in the daily business of his life; with whom the same act has become his own happiness, a dispensation of mercy to his fellow-creatures and a worship of God.”

LOUISVILLE, KY.

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## ON THE PLASTER JACKET IN LIGHT SPINAL AILMENTS.

BY A. J. BANKER, M. D.

In the February number of the *AMERICAN PRACTITIONER*, I was much struck with the paper, by Prof. Comingore, on the use of the gypsum dressing in certain cases of sciatica.

I write now to call attention to the gypsum jacket in the treatment of those weak-backed, anemic females, so often seen by and who are a source of such trouble to the physician—the pains of which they complain migrating to every part of the body, but being as a rule most distressing about the chest. The usual tonic treatment, beginning with arsenic, iron, strichnine, quinine, the vegetable bitters, and ending with bathing, massage, travel,

cod-liver oil, and whisky, is often disappointing and generally exceedingly unsatisfactory.

The treatment I now use, and which, added to attention to the general health, tonics, etc., has yielded me in the small number of cases in which I have tried it very gratifying results, is the plaster jacket—the jacket applied just as though the troubles arose from actual disease of the vertebræ.

I fell upon this mode of treatment in this way: While in attendance on Prof. Sayre's lectures at Bellevue I allowed myself to be used at class-meetings as the subject for the application of the jacket. I quickly detected that, on wearing the jacket for a little while; one felt a sense of relief, a feeling as if a weight had been taken off the hips—a relief, as it were, of that sensation of heaviness about the chest. Remembering this, I determined, when a weak, anemic woman, unfit for the lightest household duties, complained to me of all manner of back pains and breast pains and heart and head pains, and these did n't yield in reasonable time to the regular routine means, that I should apply a plaster jacket.

Soon after—this was in 1880—I saw a lady, aged twenty-seven years, tall, slender, thin and anemic, who had been an invalid eight years, much of the time being confined to the house and a large part of it spent in bed or in an invalid chair. I put her through the regular orthodox treatment, but without any benefit whatever. I thought me to try a well-fitting jacket. The patient readily consented, and a regular spinal jacket, such as I would have used in a case of Potts' disease, was applied. To my great gratification the patient began at once to improve. After the lapse of six months I removed the old and applied a new jacket. In the mean time, from being practically bed-ridden, she had gained such relief and strength that she had resumed her household duties and engaged in them in entire comfort. She was wholly relieved of the tormenting breast pains and of the overwhelming sense of lassitude—soon grew able to ride or walk at will with comfort and pleasure, and was brought back to fair health in every sense.

Since that time I have treated several other cases by the same means with like gratifying results. In a case of severe concussion of the spine, accompanied by tenderness on pressure along the vertebræ, and difficult and painful locomotion, I found the jacket to answer the same useful purpose.

COLUMBUS, IND.

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## DEATH FROM SHOCK AFTER PRECIPITATE LABOR.

BY O. T. SCHULTZ, M. D.

During the past four weeks our country has been overrun by a catarrhal affection of the respiratory tract, characterized by an afebrile course, as a rule; by a tendency to affect and remain confined to the smaller air-tubes; by an obstinate course and by a considerable depression of the vital forces. A considerable number of cases of catarrhal pneumonia have come under my care during the continuance of this epidemic, and some few cases of croupous pneumonia of unusual severity. Ammonium muriate, ammonium carbonate, tartar emetic, ipecacuanha, potassium bromide, and opium seemed to influence this affection very little, while really astonishing results were accomplished by the administration of hydrargyrum bichloride and ipecacuanha combined, the catarrhal symptoms disappearing in a remarkably short time. The usual doses given were, of the mercurial one one-hundredth grain, and of ipecacuanha one twelfth grain every two hours in anisette syrup.

On February 3d I was called to Mrs. W., American, aged twenty-five, in the seventh month of third pregnancy, of nervo-lymphatic constitution, whose parents are both living and in good health, but a brother and sister of whom had died of consumption at the age of twenty and fifteen respectively. Mrs. W. had never been a strong woman, but had passed her labors easily and apparently without any evil consequences. About two weeks

before she began to cough, and since yesterday is entirely hoarse. She has had no fever, her appetite has been poor, her bowels and urine normal, though somewhat high-colored. (No examination was made of the urine.) Her color is pale, no indication of cyanosis; there is neither edema, dyspnea, or headache. She can not talk above a hoarse whisper; her coughing spells are moderately frequent and severe; no pain. The lungs present no signs of hepatization; sibilant and sub-crepitant râles are heard anteriorly and posteriorly over both lungs; they seem more numerous and well marked on the left than upon the right side. The temperature is normal, the pulse is moderately full, 120, regular; the heart's action is regular, there are no abnormal sounds. Prescribed hydrarg. bichlor. and ipecacuanha every two hours; and digitalis, opium, and ipecacuanha, each gr. j, every four to six hours.

On 5th, report came that patient was much improved, that her cough was better, that she could do without the sedative powders, but that her hoarseness was unchanged. Prescribed a mixture of

Potass. iodid., . . . . .	grs. ijss ;
Hydrarg. bichlor., . . . . .	gr. $\frac{1}{2}$ ;
Fl. ext. glycyrrhiza, . . . . .	3 ss. M.

Every four hours.

On 6th, word was brought that the hoarseness was better; that she had very little cough, no fever. During night of 5th diarrhea had set in, with considerable griping, but without tenesmus. She had been up five to six times during the night. The passages were reported as dark, no blood or mucus. Prescribed

Opium, . . . . .	gr. j ;
Calomel, . . . . .	gr. ss. M.

Every two, four, or six hours.

On 8th, at 10 A. M., I was summoned to her, the messenger stating that she had miscarried the night before. It seems that under the opium and calomel the griping had ceased, the stools had become fewer in number, though she still continued to pass five or six easy, dark operations in the twenty-four hours, with



the same number of empty urgings. At 3 A. M., on the 8th, she had a call to relieve her bowels, her attendants being fast asleep. She had gotten up over the vessel, when suddenly, without apparently any premonition or pain, the child was projected upon the floor. Her husband and his mother succeeded, after some delay, in getting her into bed. The child, a well-developed male of about six pounds, was separated from the cord. It lived till 1 A. M. of 9th, when paralysis of the lungs set in, respiration never having become completely established. There had been but little blood lost; the secundines came away normally. When asked whether she knew what had happened, she said that she did not, and when the child was handed to her she patted it on the head.

When seen at 12 M. of 8th, Mrs. W.'s condition was as follows: Surface of body and extremities was warm; she was semi-conscious, responding to questions correctly but tardily, sighing at times, tossing about in bed frequently; eyes wild, pupils not dilated; tongue fully extended, sooty; pulse 160 to 180, barely perceptible; heart's action feeble, but beats regular; respiration easy, not accelerated; no dyspnea; hardly any cough; voice almost clear; bowels have moved two or three times since birth of child; uterus fairly well contracted; some after-pains, at least she complains of pain in lower abdomen. Ordered

Opium, . . . . . gr. j;  
Camphor, . . . . . grs. iij;  
Fl. ext. ergot, . . . . . gtt. xxx. M.

Every three hours, and when improvement sets in every four hours.

She seemed to improve somewhat after each dose of medicine, appearing stronger, the pulse fuller, taking notice of things, and attempting to take part in conversation; but the effects were not lasting, and by 9 A. M. of the 9th she died, twenty-one hours after the birth of the child.

The only way that I am able to account for the sudden and unexpected onset of labor in this woman, its lightning-like course, and the fatal shock her nervous system sustained in consequence, is as follows: Originally a weakly woman, her powers

of resistance were still more enfeebled by the catarrhal affection under which she was laboring, and the constant dread which haunted her that she would sooner or later fall victim to the same disease as her brother and sister. Owing to some undiscovered cause her previous labors had been rather sudden in their onset, rapid in their course, and unaccompanied with much suffering. She was really very near her full time, although she believed she still had a month before her, for the child was to all appearances fully matured. The instantaneous emptying of the abdominal cavity gave rise to shock, the more profound the more sudden it was, and from which, owing to her already depressed nerve force, she was wholly unable to rally, at least not without more prompt medical attention than she received.

It is in this concatenation of causes alone that I can find any sufficient explanation of the sudden setting in, the disastrous course and fatal results of the labor. It being impossible to anticipate, I could therefore in no wise modify the terrible issue. Yet I can not rid myself of the thought that these deaths are accidental, that it is possible to avert them. I verily believe that if I could have seen these fated beings at the time labor occurred, or immediately after, I might have been permitted to save the life of the mother as well as that of her babe.

MT. VERNON, IND.

## Reviews.

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**Practical Pathology.** A Manual for Students and Practitioners.

By G. SIMS WOODHEAD, M. D., F. R. C. P. E., Demonstrator of Pathology in the University of Edinburgh; Pathologist to the Royal Hospital for Sick Children; late President of the Royal Medical Society, etc. With one hundred and thirty-six colored plates. 1 vol., 8vo, pp. 484. Philadelphia: Henry C. Lea's Son & Co. 1884.

There is no lack of text-books on pathology, yet the subject is so vast and the continued research so fruitful in results that new works appear at short intervals. This is not to be wondered at; pathology is the basis of clinical medicine, and a growing appreciation of its importance is apparent in the increased facilities for its study furnished by leading medical colleges.

The present volume not only deals with the results of a practical study of pathology but also of correct methods. It is not a complete systematic treatise, but just what the author appears to have designed it to be, a text-book whose province is "to aid and supplement oral instruction in practical pathology." Where it was expedient the author has entered into the consideration of normal histology and the text is well, though not copiously, illustrated with colored plates of great beauty and excellence.

The first seventy-five pages are devoted to directions for the proper execution of practical pathological work, including post-mortem examinations, the instruments needed and manner of removing the organs, etc. Rather full directions are also given as to the preparation and examination of microscopic specimens and the methods of staining and mounting them.

The pathology of the liver, the heart, blood-vessels, kidney, lung, alimentary canal, bones and joints, and nervous system

takes up the bulk of the volume. The last three chapters are devoted respectively to tumors, parasites, and vegetable parasites. It is a work that gives promise of great usefulness, and ought to be generally employed.

The description of morbid states is clear, accurate, and satisfactory. The most important pathological conditions are dwelt upon at length, and matters of less weight are generally disposed of with commendable brevity. The paper and typography are excellent, and, as already remarked, the plates are remarkably fine.

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**Lectures on Diseases of the Nervous System.** Delivered at Guy's Hospital, by SAMUEL WILKS, M. D., F. R. S. Second edition. Philadelphia: P. Blakiston, Son & Co. 1883.

The first edition of this book is usually judged to be one of the most interesting and practical treatises on the subject in our language.

The clinical cast of the lectures admits of a free and popular style, and the arrangement according to symptoms is natural and easy to understand. The changes made in the nomenclature by German writers having been generally adopted, the author in deference to the tendency has re-classified and re-named many of his old cases.

The advantage of uniformity in pathological considerations is obvious, but it is not obtained without some loss. For instance, there is an every-day convenience in the term *spastic paraplegia*, describing as it does an unquestioned symptom. To give any other name with as much certainty of being right would require far more knowledge than we now possess. Who shall say without reservation that the case is a lateral sclerosis, when it may be chronic meningitis, or a pressure lesion, or perhaps an hysterical symptom only?

In applying these new-system titles a judicious man will be very careful, for, as Dr. Wilks truly says, "there is not a single



organic disease of the nervous system which may not be simulated by a functional and curable one."

In dealing with hysterical manifestations, Dr. Wilks shows a familiarity with the many-headed monster gained by years of experience. In this part the second edition contains much that is new.

His argument to prove that the phenomena of hemi-anesthesia and metallo-therapy belong to this category is clear and convincing. According to his view, hysteria, though often associated with a moral obliquity which makes feigning probable, is itself not a sham state. When there is want of will to move and abeyance of sensation at the same time, he supposes the brain healthy but not at work, like a watch that stops, not because seriously damaged but because it lacks winding up. He concedes as established the phenomena of metallo-therapy recently brought out by the experiments of Burq and Charcot, but draws attention to the fact that disks of wood and sinapisms have produced the same effect as metals and magnets. He reports a case of his own which curiously confirms the statement of Burq, "that the external metallic aptitude being known, the same metal being administered internally will determine the same results as its external application." Gold sovereigns applied to her anesthetic limbs restored sensibility better than disks of lead or iron, accordingly one eighth of a grain of chloride of gold and sodium was given thrice daily. Although ignorant of the medicine she was taking, at the end of a month the patient was about well of her anesthesia, analgesia, and amyosthenia.

It is possible that any part of the nervous system may, without tissue change, become dormant or cease to functionize. If it be one hemisphere of the brain, then the phenomena of hemi-anesthesia will appear. Perhaps this lopsidedness is the cause of the moral obliquity so often observed in these patients. It would appear that, as the central cerebral masses must act together to keep the body in equilibrium, so the hemispheres be co-workers for the stability of the intellectual and moral must man.

Space is lacking here for the ingenious logic and apt illustrations by which Dr. Wilks enforces this opinion. It is plain that the advocates of the "expectant-attention" theory will not be satisfied with it, nor will the Paris School give in their adhesion. As for the latter, who seek an explanation in the domain of electricity, their search must be vain from the nature of the facts investigated. The phenomena of "metallo-therapy" are worked by non-metallic substances also, by non-electrics as well as by electrics, by wood as well as by magnets, by mustard plasters, by surgical operations, by prayer, by "Our Lady of Lourdes," and by letting the case severely alone. All that Dr. Wilks feels justified in saying at present is, that "various kinds of influences, especially shocks, will arrest the functions of the brain or a part of it, and that various kinds of influences, especially shocks, will start it again in action."

Apropos of "shock" we turn to the lecture on Railway Spine, and there find some new matter concerning this not uncommon condition. There is a brief *résumé* of the conclusions of Mr. Herbert Page which throw doubt on Erichsen's well-known view of its pathology. Dr. Wilks finds it impossible not to accept much of what Page sets forth, namely, that the symptoms of railway spine are due, not to a definite injury of the cord, but to the physical effects of a violent shaking, to a moral shock, to the fright or to the continued attention given to their feelings during the time of litigation and in anticipation of the impending trial. Dr. Wilks is conservative enough, however, to cling to an opinion which we believe is equally warranted by the experience of others, that the physical shock of collision will stun the cerebro-spinal centers, and that in some cases this concussion will be the starting point of subsequent morbid changes.

In remarks on remedies, we find a new protest against the view that chloral can take the place of opium, and that the latter is greatly useful only to promote sleep, to allay pain or arrest a discharge. He emphasizes Sydenham's expression, that opium is "a most excellent cordial remedy," and confirms Dr. Savage's

opinion of chloral, that it aggravates all the symptoms of melancholia and will hasten suicide.

All in all, this is one of the most readable books and one of the most profitable in the reading that the profession has before it.

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**A Treatise on the Diseases of the Nervous System.** By JAMES ROSS, M. D., LL. D., Fellow of Royal College of Physicians, London, etc. Illustrated with lithographs, photographs, and three hundred and thirty wood-cuts. Second edition, revised and enlarged. New York: Wm. Wood & Co. 1883.

The eye is struck at once with the difference in the massing of material contained in the two volumes as compared with those of the first edition. These before us are of equal bulk, and more pleasing to see and to handle than the former thin first volume and too thick second volume. The cuts and photographs and lithographs are the same as before. To find any noteworthy difference one must look through the text carefully. There is the same display of thorough preparation by consulting all the authorities, the same philosophic turns of thought and phrase smacking of Herbert Spencer and his system of evolution.

It is observable that the references which formerly were limited to the writer's name are now given in foot-notes which state the book, its edition and page. To the special worker this is an addition of some value. At many points paragraphs are introduced which present the author's more natural observation, and some of these we have had reason in personal experience to confirm. The reader will be impressed with the conscientious treatment bestowed upon the subject in every relation. Nothing that is true is of too little consequence for the author's mention. In a branch of medicine so complicated, which draws so largely upon knowledge of physiology and anatomy, it is a decided convenience to have all this correlated matter put in

the same covers. Cyclopedic in size, careful and painstaking in the collection of facts, discriminating, and in the main just in its judgments, we know of no work on the subject that has as much to commend it as Ross's.

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**The Principles and Practice of Medical Jurisprudence.** By the late ALFRED SWAYNE TAYLOR, M. D., F. R. S., Fellow of the Royal College of Physicians of London. Third edition. Edited by THOMAS STEVENSON, M. D., London, Fellow of the Royal College of Physicians of London, Lecturer on Medical Jurisprudence and on Chemistry at Guy's Hospital, Official Analyst to the Home Office. In two volumes, 8vo., pp. 727 and 657. Philadelphia: Henry C. Lea's Son & Co. 1883.

Since the appearance of the second edition of this classical work its celebrated author has passed away. The work is so highly appreciated, and so widely known and frequently referred to by all who in any way become interested in the subjects of which it treats, that nothing need be said of its merits.

The task of preparing this, the third edition, has been ably and very judiciously performed by Dr. Stevenson, who for many years was associated with the lamented author in Guy's Hospital. The work has received additional value through the labors of the editor. Redundancies have been pruned to a degree that has rendered the book less bulky; new illustrative cases have been added; some parts have been rewritten. This seemed necessary on account of recent advances in forensic medicine, and is especially true in regard to the chapters on poisoning.

It is a work which must have a place in every well-selected medical library.



## **Clinic of the Month.**

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HEAD INJURIES ; THREE CASES.—Dr. W. O. Roberts, Professor of Surgical Pathology and Operative Surgery in University of Louisville, reports : January, 1884, I was telephoned that a brakeman had fallen from the top of a railway train and received injuries which claimed my attention. I entered the caboose expecting to find the man, whom I saw lying upon a bench, badly injured, when to my surprise he got up and told me that, except a few cuts about his head and some bruising of the chest, he was not hurt.

An examination revealed but one wound of any consequence ; this was near the center of the forehead, about an inch in length, and, though it extended to the bone, there was no evidence of fracture. There was also a small punctured wound just above the occipital protuberance. The face was scratched in several places. During the examination the patient answered questions rationally, until asked where he lived, when he said, "Wenzel and Jefferson." Upon hearing this answer the conductor said, "No, Jim, you are wrong, you live on Southall Street!" To which the patient replied with an air of ill-humor, "Yes, that is where I live." I then asked him why he had said he lived at Wenzel and Jefferson. He seemed to be irritated by the question, and answered : "I don't feel like a steamboat, any way."

The patient now left the caboose with me, walking to my coupe, a distance of three squares. We were driven to Southall Street, and stopping in front of what I thought to be his home, I asked him if that was his house ; he answered, Yes. We got out of the coupe, and I knocked at the door. The patient then remarked that his folks were all asleep, and going round to a side door, where he was in the habit of entering his house, came directly with a lamp in his hand to the front door and let me in.

I asked him the time ; he looked at his watch, and told me the hour correctly, as I saw by a glance at the timepiece. I went with him into an adjoining room, and told his mother and sister his mishap ; gave some directions as to the management of the case and left.

At my visit the next morning the man was comfortable and able to converse rationally ; but on questioning him closely as to his night's experience, I found to my surprise that he remembered nothing that had happened after going on top of the car from which he had fallen.

I learned from the conductor and a fellow-brakeman, who were present, that he had fallen from the car at Anchorage, but that he was not missed by the train-hands until the train had gone a mile beyond the station. Stopping the train the conductor and a brakeman walked back to look for him. They found him walking down the track toward the train. He talked like a man in full possession of his senses, but was unable to tell how he happened to be left behind. On the way to Louisville in the caboose they saw nothing wrong with him, except that he was cross and irritable in temper.

His sister said that when he entered her room the night before he asked her for a light. When told that the lamp was on the mantel and the matches on the window-sill, he found them both, and lighting the lamp went immediately to the front door where I was in waiting.

Surprised at these statements, I questioned the man still further relative to his experiences during the night, when he assured me that all he could recollect was, that when the engineer blew for brakes he went on top the box-car to put them on. From that time until late the following morning his existence had been a blank, and he was quite as much surprised on hearing of his actions of the previous night as were his friends on finding that he did not remember them.

When I asked him how he came to direct me to Jefferson Street instead of Southall, he could make no explanation, but his sister informed me that up to a year ago they had lived on Jefferson.

This case is a striking illustration of the effect of shock upon the memory, as regards events occurring at the time of and immediately following the injury. The fact is of especial importance from a medico-legal point of view. Several cases of this kind were reported by the late Prof. R. O. Cowling in the *American Practitioner*, April, 1876, and Mr. Savory calls attention to the phenomenon in a recent article published in the *British Medical Journal*.

My patient made a complete recovery.

CASE II. On January 7, 1882, I was called in consultation with Dr. Durrett, of Jefferson County, to see John Phillips. The patient at this time showed symptoms of compression, the result of a blow upon the head received some months before. The history of the case, as furnished by Dr. Durrett, is as follows :

On November 7, 1882, the patient was struck by a stone which cut the scalp at a point near the junction of the parietal with the occipital bone of the left side. For the space of four days after the injury he showed no untoward symptom ; but after this he grew feverish, and complained of pain in the head. A physician was called, who, not being informed of the injury, told the patient that he was about to develop typhoid fever, and treated him accordingly.

On the eighth day Dr. Durrett saw him for the first time, and diagnosed inflammation of the brain. On the tenth day the patient had a violent convulsion, which was followed by partial paralysis of the right side of the body ; but these symptoms disappeared within a week's time, and the doctor discontinued his visits.

On the 28th Dr. D. was again summoned, and found well-marked head symptoms. The patient had on that day a slight convulsion, which was followed by paralysis of the right side, and dilatation of the left pupil. During the eight days in which he was without medical attention, the patient complained of pain in the head, which followed immediately upon any exertion. From the last named date, the head symptoms and paralysis grew steadily worse until, a few days before my visit, the patient

passed his water in the bed. During this time his bowels had been so constipated that powerful cathartics, assisted by enemas, were necessary to produce an action.

At the date of my visit his condition was as follows : Pulse, 70 ; temperature normal ; left pupil greatly dilated and fixed ; right side gave evidence of paralysis ; the muscles, however, responded when the skin was severely pinched ; but in no other case did the patient use the limbs of this side. He could use the left side, and continually tossed the left hand up to his head.

An examination of the seat of the wound revealed a thin cicatrix, which gave evidence of fluid beneath. This I punctured with a probe, when a quantity of pus escaped, and roughness of the bone could be detected by the probe. At this juncture I suggested an exploratory incision, to be followed by trephining if the condition of the case should warrant it. Dr. Durrett agreeing to this procedure, on the following morning, assisted by this gentleman and Dr. Skinner, I dissected up a flap and laid the bone bare. This showed that the fracture extended through the outer table of the skull only, and the fragment of bone being loose, it was removed. There was no sign of fracture of the internal table, nor evidence of pus between this and the dura mater, the circulation in the bone being perfect. We therefore decided not to use the trephine.

From this time on the symptoms grew steadily worse, and the patient died comatose three days afterward. A post-mortem examination revealed no lesion in the immediate neighborhood of the injury, but an abscess about the size of a hen's egg was found in the lower portion of the left anterior cerebral lobe, which was evidently due to a lesion made by the counter-stroke of the blow, and which demonstrated the wisdom of withholding the trephine.

CASE III. A girl, seventeen years of age, a few months since fell down a flight of stairs. Her head struck the floor with considerable force, but the patient did not lose consciousness. Complaining of great pain in her head, she was carried to her room and put to bed. In a half hour after the accident the



patient became totally blind. The pupils were largely dilated, the lids were wide open and the eyes staring. Dr. W. Cheatham examined the eyes, but found no evidence of injury to the globe itself. The pain was located chiefly in the back part of the head. Thirty grains of potassium bromide were now prescribed, and the patient had a sleep which lasted three hours. On awaking her vision was restored. This symptom, if not hysterical, was probably the result of concussion of the posterior cerebral lobes. I was at first fearful of hemorrhage, because of the absence of shock and the length of time intervening between the moment of the injury and the development of the blindness; but no symptom pointing to this condition presented itself, and the patient had no further trouble.

AN IMPROVED METHOD IN TREATMENT OF CERTAIN FORMS OF SKIN AFFECTION.—P. Albert Morrow, M. D., Clinical Lecturer on Dermatology, University of the City of New York, writes, in the *Medical Record*, that the method of treatment indicated consists in the application of medicinal substances to the skin in the form of fixed adhesive preparations. Its object is to confine the drug to the diseased surface alone, and maintain it in prolonged contact with the tissues by a practically immovable dressing.

A number of procedures have been employed: Applying the drug in the form of a powder or paste, and retaining it in position by a layer of collodion or a piece of gutta-percha tissue; by an admixture of the drug with a gelatine mass, which is painted over the surface, forming a thin adherent layer, with the addition of glycerine to render it soft and pliable; by the application of a thin layer of collodion or gutta-percha solution, holding the drug in liquid suspension; by incorporating the drug with adhesive-plaster muslins, the basis of which is gutta-percha, shaped to admit of accurate adjustment.

Their introduction dates back one to two years, but sufficient time has elapsed to enable us to test their efficacy in a variety of cutaneous disorders, and few will deny that their introduction marks a decided advance in cutaneous therapeutics.

To Dr. Fox, of this city, belongs the credit of being one of the first to originate an expedient for confining the action of chrysarobin to the affected patches. Two years ago he suggested the employment of this drug in powder, or mixed with water, forming a paste which was applied upon the psoriatic patch, and retained in place by a layer of collodion spread over the surface, or by covering it with a piece of gutta-percha tissue, the edges being rendered adhesive by touching them with chloroform.

Seseman, in 1883, proposed the use of chrysarobin suspended in collodion, which is painted over the surface, forming a thin adherent coating. The medicated collodions now embrace a large number of drugs, and are used in a variety of conditions. They have the advantages of being always ready for use, convenient of application, perfectly cleanly, and remain fixed upon the skin for some time.

Pick, of Prague, proposed the use of gelatine dissolved in water as a convenient vehicle for the application of drugs to the skin. The formula for its preparation he gave as follows: 50 parts of pure gelatine are dissolved in 100 parts of distilled water, the active ingredient is added in any desired proportion, and thoroughly admixed by continuous stirring. This medicated gelatine may be immediately applied or turned into a convenient receptacle, where it solidifies into a cake. When required for use, portions of this may be melted in a shallow vessel placed in hot water. It is then applied by means of a short stiff brush over the surface in a thin layer. A small quantity of glycerine is smeared over the gelatine coating with the hand, which prevents it from drying and cracking. This thin, flexible dressing remains fixed to the skin for a day or two, and may be peeled off, or readily removed by the use of a little hot water. In addition to its cleanliness and other advantages, it is claimed that a view of the diseased parts may be had through the transparent dressing, thus rendering the progress of the disease visible without removing the application. I have found, however, that this transparency is rather an uncertain element, depending altogether upon the character of the medicament employed.

Unna, of Hamburg, proposes a modification, which may be regarded as an improvement upon Pick's plan. It consists in combining glycerine directly with gelatine before it is spread upon the surface. Glycerine jelly is made by boiling one part of gelatine with three or four of glycerine, until they form a translucent mass. When required for use, a portion of this mass is liquefied by heating, the medicinal ingredient, being finely rubbed up with water or glycerine, is then added, and the resulting compound well shaken until it becomes a tenacious fluid. He employs the gelatine in varying proportions, resulting in the formation of hard and soft glycerited gelatines, containing respectively five, ten, and twenty per cent of gelatine.

Mitchell, of Philadelphia, manufactures a number of medicated gelatine plasters in quite convenient shape.

Prof. Auspitz proposed the use of a vehicle, which he terms traumaticin, as more convenient than either collodion or gelatine in the application of chrysarobin and certain other drugs, as pyrogallie acid, salicylic acid, etc. This consists of a ten-per-cent solution of refined gutta-percha in chloroform, and corresponds to the liq. gutta-perchæ, U. S. Ph. Among the advantages which he claims for traumaticin as an excipient may be mentioned the following: It forms a thinner and more delicate artificial cuticle than either gelatine or collodion; it is more durable, adhering to the skin two or three days or longer without cracking; it is neutral and unirritating, causing neither tension nor pain; it is more elastic, its flexibility admirably adapting it as a covering for the joints, as it yields readily to the motion of the parts; it is always ready for use, and, as it hardens more slowly, it admits of a more thorough application.

Another method for the topical application of drugs is gutta-percha plasters. Although not absolutely new in form, yet in their composition, impermeability, adhesiveness, and other qualities, they constitute a decided improvement upon the lead and resin plasters. These preparations consist of plasters spread on muslin, the basis of which is gutta-percha, combined with different drugs in varying proportions, some emollient, others

strongly stimulant. They possess decided advantages in cutaneous disorders localized in certain regions, such as the palms, soles, fingers, toes, and interdigital spaces, on parts habitually in contact, such as eczemas of the anus and genital regions, the crease of the thighs, etc. They are cut into narrow strips or other convenient shapes, so as to admit of accurate adjustment.

Having described the new modes of applying drugs to the skin, it remains to examine the verdict which clinical experience has passed upon their value. As before intimated, this class of preparations was the outcome of an attempt to obviate the ill effects of chrysarobin—a drug which, while possessing a wonderfully curative action, was found to be equally potent for mischief. By its employment in any of the fixed forms above mentioned, its obnoxious qualities are entirely suppressed without impairing its efficacy in any marked degree.

In psoriasis, all agree that the results are much more satisfactory than by any other method of treatment. Referring to its combination with collodion, Dr. Fox says: "Now it is a comparatively simple matter to cause a speedy disappearance of the scales in nearly every case. And it is another step in advance which has superseded the ointment of chrysarobin by applications of the remedy which do not ruin the clothing and inflame the healthy skin." He has found that the efficacy of chrysarobin collodion is materially enhanced by the addition of ten per cent of salicylic acid.

"In chronic eczema of the trunk and extremities, where there is much thickening of the skin with no moisture on the surface," Dr. Fox claims "that the compound chrysarobin pigment will produce as rapid and beneficial effects as in cases of psoriasis." He has also employed this combination in lupus erythematosus, in acne of the back, and in other diseases, with good results.

Auspitz reports admirable results from the use of his traumaticin chrysarobin in the treatment of psoriasis. After from two to twelve applications, according to the extent and severity



of the disease, the infiltration and scales disappear, leaving in their place white spots bordered by a red or violet-brown line.

He claims that the most satisfactory results are obtained by the same treatment in prurigo, in eczema marginatum, and other parasitic diseases. In prurigo the application of the chrysarobin traumaticin immediately relieved the itching and in a few cases, after from two to six applications, the nodules had disappeared.

Besnier, of the Hospital St. Louis (January, 1884), extols the superior efficacy of this mode of treatment in ordinary cases of psoriasis. After removing the scales he vigorously rubs the patches with a small brush of hog bristles dipped in chloroform containing fifteen per cent of chrysarobin. The chloroform rapidly evaporates, leaving a deposit of pure chrysophanic acid. This is then covered with a coating of traumaticin by means of a flat varnish-brush. He also employs an ethereal solution of pyrogallic acid, ten per cent, in the same manner. He regards naphthol as admirably adapted for employment in the gutta-percha solution, constituting an instantaneous means of destroying animal parasites.

Pick reports equally favorable results in psoriasis from the use of the glycerited gelatine, medicated with ten per cent of chrysarobin or twenty per cent of pyrogallic acid. He has found the glycerine applications of especial efficacy in the treatment of chronic scaly eczema, and eczemas associated with varicose veins. In erythematous conditions due to the action of cold, glycerited gelatine containing five to ten per cent of salicylic acid has been applied with advantage, particularly in frostbites of the ears, nose, and fingers; the layer of gelatine exerts an equable and gentle pressure upon the parts and in this way hastens the absorption of inflammatory products. He also extols the the salicylated and carbolated preparations in pruritus, both idiopathic and symptomatic.

In Billroth's clinic, iodoform collodion is used in immense quantities, and regarded as a sovereign remedy in fresh cuts and bruises. Iodoform and corrosive-sublimate collodions are used for condylomata and syphilitic scleroses.

Taylor, in last edition, "On Venereal Diseases," states that he has employed the compound chrysarobin pigment with benefit in hypertrophic and vegetating papular or tubercular syphilides.

Thin reported a number of cases of thickened, hardened epidermis occurring upon the hands and feet, which were effectually relieved by salicylic gutta-percha plasters. In some of these cases the condition had existed for years, interfering with locomotion and occasioning great discomfort. In one case the whole ball of one foot and part of the surface of the other was covered with a layer of epidermis of extreme hardness. In this hard layer there were small isolated horny formations of the nature of corns, which produced the sensation as if the patient were walking on shot or small stones. By the use of the salicylic gutta-percha plaster the hardened mass came off, leaving a delicate rose-colored epidermis. The cure is effected without inconvenience or pain, or interfering with the ordinary avocation.

My experience in the treatment of psoriasis coincides with the brilliant results already given. In psoriasis affecting the face and hairy scalp, I have applied the chrysarobin to affected patches without exciting conjunctivitis, edema of the face and eyelids, and other ill effects inseparable from the use of the drug in ointment in these localities.

I have found these combinations particularly serviceable in chronic eczematous disorders, especially when characterized by thickening and induration of the skin with excessive pruritus. Even in a more acute stage, when there is active congestion with exudation, the use of the gelatine, medicated with ten-per-cent oxide of zinc, has given good results. I have also used the same preparation with decided benefit in a number of cases of eczema rubrum of the legs. In one case the patient was an old gentleman who had for many years chronic eczema involving the face, genitals, and other portions of the body. The skin of the face was much thickened and infiltrated, giving it an almost elephantiasic appearance. Exposure to the cold caused it to

crack and fissure, especially around the nostrils and the angles of the mouth. The itching was positively atrocious, the patient being unable to sleep, and in a constant state of the most acute discomfort. The various emollient and antipruritic ointments failed to give more than momentary relief. A single application of the gelatine, medicated with ten-per-cent oxide of zinc and one-per-cent carbolic acid, gave instantaneous and complete relief, which lasted for several hours, until the artificial cuticle began to crack from constant movements of the facial muscles. Not only was the itching relieved, but the vigorous rubbing and scratching which the patient could not before control, and which continually aggravated the eruption, was entirely done away with. After a few days' daily painting with this preparation, the cracks and fissures healed, and the induration had almost entirely disappeared. A feature of this case furnished a fair test of the comparative advantages of the new and old method. Over the eyelids the gelatine coating could not be applied, for obvious reasons, and the orbital surface was treated with oleate of bismuth ointment. After a few days' treatment one could trace by the touch alone the exact line at which the gelatine coating terminated. Above this line the skin was harsh, dry, and thickened; below, it had the soft, supple feel of healthy skin.

I have used a five-per-cent salicylic acid collodion in acne rosacea and chronic erythema of the face with good effect, and a stronger preparation for corns, warts, and tylosis of the hands and feet. I have also used chrysarobin suspended in collodion and the gutta-percha solution in two cases of chromophytosis, and in a number of cases of tinea capitis. In addition to the remarkable anti-parasitic action of chrysarobin, we secure more or less complete occlusion of the surfaces, thus preventing the access of oxygen, so favorable to the growth and development of the parasite.

As regards the comparative advantages of the different excipients which have been proposed for the fixation of drugs upon the skin, not all experimenters agree. My own experience leads me to the conclusion that each possesses special advantages,

determined by the nature of the diseased process, the character of the circulatory changes present, its sensitiveness, localization, etc. In extensive generalized eruptions, when the skin is actively congested and sensitive, gelatine preparations are the most soothing and easily borne; both collodion and traumaticin cause more or less pain, tension, and irritation.

In chronic disorders, where there is passive congestion or sluggishness of the circulation, the more continuous and decided compression exerted by the collodion combinations renders them preferable. Upon mobile parts, such as the region of the joints, the gutta-percha preparations, from their greater flexibility and elasticity, are to be preferred. As far as manipulative details are concerned, the collodion and gutta-percha preparations are superior in the matter of convenience and ease of application, besides being always ready for use.

A summary of the advantages offered by fixed, adhesive applications may be given as follows: first, complete protection, and exclusion of the air from diseased surfaces; second, fixation of the drug upon the affected parts, thus securing greater precision and permanence of action; third, maintenance of a gentle and uniform compression, thus modifying circulatory changes and limiting exudative products; fourth, comparative cleanliness.

A careful study of the results of the use of these preparations in the hands of others, supplemented by my own experience, justifies me, I think, in formulating the following conclusions: That the introduction of fixed, adhesive applications in the treatment of certain forms of skin affection, marks a veritable advance in cutaneous therapeutics.

That they are admirably adapted for the employment of certain powerful stimulating drugs recently introduced into the dermatological practice, as well as other standard drugs.

That they constitute the most effective mode of applying drugs in certain pathological conditions characterized by hyperemia of the dermas with inflammatory overgrowth of the epithelial elements, as in psoriasis and dry, scaly eczema.

In conditions characterized by hyperplasia of the cuticle, as



in callosities, corns, and overgrowths of thickened, hardened epidermis, etc.

In conditions of capillary congestions of a passive character, as in *acne rosacea*, chronic erythema, etc.

In certain neurotic conditions, not only in essentially pruriginous diseases, as *prurigo*, but in the pruritus symptomatic of other affections.

In circumscribed lesions generally, as *tinea circinata*, *tinea capitis*, *eczema marginatum*, *chromophytosis*, syphilitic scleroses, *lupus*, and, possibly, *epithelioma*.

INTERNAL ESOPHAGOTOMY IN CICATRICIAL STRICTURE.—Henry B. Sands, M. D., Professor of Surgery in the College of Physicians and Surgeons, New York, in an exhaustive paper on this subject, contributed to the *New York Medical Journal*, details a successful case and describes an esophagotome of his own, and then gives a brief *résumé* as follows :

1. Gradual dilatation is usually and, in my opinion, justly regarded as the safest and best mode of treatment, whenever it is practicable. It is much to be regretted that this method is not always resorted to as a preventive measure, or in the incipient stage of the disease before cicatrization has taken place. It is a fact, however, that the surgeon's aid is rarely sought until the stricture has become narrow and deglutition difficult. I have little doubt that, in many cases, the formation of a stricture might be obviated by the frequent introduction of a full-sized bougie while the healing process is going on; and I believe it should be the rule to commence such treatment within a week or ten days after the injury has been received.

If a stricture is impermeable to instruments, dilatation is of course impossible; but even when bougies can be readily inserted, dilatation is not always successful, as some have maintained, in restoring the distensibility of the contracted parts. Nor is the introduction of dilating instruments always safe, especially when the stricture is narrow. I am able to recall two cases occurring in my own practice in which an abscess was caused by what I

thought at the time to be a cautious use of an elastic bougie. One of these patients recovered, the other died; the fatal event being partially attributed to an accidental perforation of the esophagus, which led to deep-seated suppuration. A similar accident occurred in the hands of Maisonneuve, who perforated the esophageal wall with a hollow sound, and, believing that the instrument had entered the stomach, injected a quantity of beef tea into the posterior mediastinum, causing the patient's death on the following day. Finally, treatment by dilatation often requires to be continued indefinitely in order to prevent recontraction; and, as in the case of urethral stricture, persons suffering from stricture of the esophagus are notoriously prone to neglect themselves, avoiding dilatation until it becomes difficult or impossible.

2. When the stricture is narrow, yet permeable, is of slight longitudinal extent, not exceeding perhaps a centimeter, and can not be dilated to a size sufficient to permit easy deglutition, I believe the operation of internal esophagotomy to be the most hopeful expedient at present within our reach. I admit that it can not be performed without some risk, which indeed it may be impossible to estimate; but this is warranted by the hopeless character of the disease, and by the results of the alternative operation of gastrostomy. Perhaps the danger attending it may be diminished by proceeding in the cautious manner I have described, so as to avoid injuring any of the important parts which lie outside the esophagus. The amount of benefit to be derived from the operation will depend on the form and extent of the existing lesion. If the stricture is occasioned by a narrow ring of fibrous tissue, or by a valve-like membrane, a radical cure will probably ensue when this has been divided. In most cases, however, the operation will prove only an aid to dilatation, rendering this practicable, and perhaps occasionally successful in accomplishing a radical cure. In proportion to the length and induration of the stricture the utility of internal esophagotomy will diminish, and in many cases it would be obviously unwise to attempt it.

3. Boeckel has recently reported two cases of impermeable stricture which he claims to have cured by electrolysis. An esophageal tube, armed at its distal extremity with a small ball of copper, was introduced down to the stricture, and then connected by means of a wire with the negative pole of a galvanic battery, the plate connected with the positive pole being placed over the eighth rib, a little to the left of the spinal column. In one case, after three applications of from two to five minutes' duration, a bougie (No. 13) was passed through the stricture, which, after the tenth application, readily yielded to dilatation. In the other case, a bougie (No. 6) entered the stricture after a single application, larger bougies passing at every subsequent sitting. I am unable to determine the value of this novel method of treatment, but am inclined to consider as dangerous any such attempt to penetrate a stricture which will not admit a guide.

4. Strictures situated in the region of the neck, which are either impassable or can not be dilated, have been sometimes treated by external esophagotomy, the operation having usually been undertaken with the view of establishing a fistula through which the patient may be fed by means of a stomach-tube introduced through the fistula and into the stomach. Mackenzie has collected five cases, in four of which the operation was followed by death at periods varying from twenty-two hours to eight days. The fifth patient (Bryk's) is reported as having been alive at the end of seven weeks; a later account of this patient, however, is given by von Mosengeil, who states that the case terminated fatally from pyema six months after the operation. In this case the esophagus was opened above the stricture, which was three centimeters and a half in length, and was situated just below the level of the upper border of the sternum. It was treated by dilatation, and could be passed only by instruments introduced through the fistula; these caused severe pain, frequent hemorrhage, and finally a deep-seated abscess. In another case (Horsey's) the esophagus was likewise opened above the stricture, which was found to be impassable. No encouragement, therefore, is afforded to repeat this operation with the object of establishing

a permanent fistula, as there is no certainty that an opening can be made below the seat of obstruction. If the patient is doomed always to be fed through an artificial operation, gastrostomy is the operation which should be selected, as it secures a ready access to the alimentary canal below the stricture, and places the fistula in a situation where it can be easily hidden from view.

But evidence can be brought to show that external esophagotomy may be of great service by enabling us to deal successfully with strictures that are impermeable to instruments introduced through the mouth. Within the past year Guessenbauer has published an account of two cases of deep-seated stricture in which he achieved success by a method he calls combined esophagotomy. The first case was that of a woman, twenty-six years old, who suffered from a light stricture caused by swallowing sulphuric acid. The stricture extended from the cricoid cartilage to the bifurcation of the trachea, and, at the time of operation, was impassable to all instruments introduced through the mouth. The esophagus was laid open by an external incision and, when the margins of the wound were held apart, the operator passed a probe downward a distance of eight centimeters, where it was arrested at the point of greatest constriction, opposite the tracheal bifurcation. He finally succeeded in passing through the stricture a probe one millimeter in diameter, and then a very fine-grooved director, upon which, with a narrow bladed herniotome, he incised the cicatricial tissue in two directions, namely, forward toward the right and forward toward the left side. An elastic catheter, eight millimeters in diameter, was now introduced through the wound and into the stomach, and was retained until the fifth day for the purpose of increasing the dilatation of the stricture and of injecting fluid food. It was then removed; and until the fistula closed, three weeks after the operation, the patient was fed by means of the stomach-tube introduced through the mouth. A week later, when she left the hospital, she could swallow solids without difficulty, and could herself readily pass a bougie twelve millimeters in diameter. Neglecting to follow the advice she had received, to continue



treatment by dilatation, she returned to the hospital three months subsequently in the same condition as that first described, so that the operation had to be repeated. The wound in the neck healed at the end of three months, and when the patient was last seen, fourteen months after the second operation, the stricture admitted a bougie twelve millimeters in diameter. During the interval, however, she had suffered considerably in consequence of failure to practice frequent dilatation; and it seemed probable that this treatment would be required indefinitely in order to guard against recontraction.

The second case was that of a child, two years and a half old, who had become greatly reduced in consequence of a stricture due to the action of carbolic acid which had been swallowed two weeks after birth. Before the operation a bougie, three millimeters in diameter, was arrested at a point one centimeter below the cricoid cartilage; one, two millimeters in diameter, descended to the level of the manubrium sterni, while no instrument could be made to enter the narrowest constriction, which was near the cardiac orifice. By an operation like the one already described the strictures were incised, the incisions in the cardiac structure, which lay nine centimeters below the opening in the neck, being two millimeters in depth and six millimeters in length. The external wound closed in thirty-five days; treatment by dilatation was practiced, and when the child was discharged from the hospital, a week afterward, she was able to swallow solid food, and a bougie having a diameter of ten millimeters could be passed into the stomach. After the lapse of a year, when the case was reported, the patient still remained well, dilatation being continued by passing bougies once a week.

A third case, in which a similar operation was successfully performed, has just been recorded by Bergmann. In this instance the stricture, which was caused by the action of oxalic acid, was situated in the neck, at the level of the third tracheal ring. The patient was an adult; and, although before the operation the stricture appeared to be impermeable, it was successfully penetrated after the parts were exposed to view; and the

division of a valvular cicatricial fold with a tenotomy knife enabled the operator to pass a full-sized esophageal bougie into the stomach. The opening in the neck healed at the end of five weeks, and the patient, when exhibited three months after the operation, at a meeting of the Berlin Medical Society held last October, was able to pass easily a full-sized bougie.

5. Gastrostomy, when performed merely with the intention of establishing permanently an artificial opening in the stomach, is at present regarded with considerable favor; but it can never be any thing more than a last resort in cases otherwise hopeless. Alsberg's statistics, which are the most complete I have been able to find, show that gastrostomy has been performed in nineteen cases of cicatricial stricture. Ten of these patients died within the first few days, mainly from peritonitis; four survived, respectively, seven, eight, fifteen, and eighteen months, while five were supposed to be living at the time of the report. Probably these are the cases alluded to by Lefort, who has recently said that five persons were known to be alive at the following periods after operation, namely, four months and a half, eight months, twenty months, two years, and three years. These results justify a resort to the operation in certain cases, and it is reasonable to hope that, with increasing experience, the percentage of mortality attending it may be considerably reduced.

Finally, within the past year, Bergmann has achieved a brilliant success in the treatment of a deep-seated stricture by a method which is both ingenious and original. Already Schede had proposed, and Trendelenburg had attempted, but in vain, the dilatation of an esophageal stricture by means of instruments introduced through a gastric fistula previously established. Bergmann's patient was a man, forty-four years of age, who had an impassable stricture, forty centimeters from the incisor teeth, due to the action of caustic potash. Gastrostomy was performed on January 29, 1883, and recovery took place without accident. But it was found impossible to prevent a constant escape of the contents of the stomach; and the patient's condition seems to have been very miserable. It was therefore determined to attempt the

removal of the stricture. After several trials, the esophagus was successfully explored by introducing a sound through the mouth while the forefinger was pushed upward through the cardiac orifice; a membranous septum was then discovered, separating the sound from the finger. This was too thick and firm to allow safe and easy perforation by the sound, while the close proximity of the heart and the descending aorta forbade an attempt to divide it with a knife. The obstructing membrane was at last safely perforated by the compressing action of a metal clamp, the blades of which were passed through the cardiac orifice to the seat of stricture and made to grasp the end of the sound, this being pressed against the septum so as to bring it between the jaws of the clamp. Perforation having been accomplished, the opening was dilated at first with pieces of compressed sponge, and afterward with sounds, until it admitted a bougie one inch in diameter. On May 21st the artificial opening in the stomach was closed by a plastic operation, the function of deglutition having been completely restored. The patient, when exhibited on October 10th, was in excellent health, and was able to introduce a full-sized sound into the stomach. Meanwhile, treatment by dilatation was being continued.

On reviewing the whole subject, we may conclude that certain forms of esophageal stricture, which have heretofore proved unmanageable, are no longer beyond the reach of surgical art; and that, in some of these, the internal esophagotomy is capable, not only of saving life, but also of re-establishing the function of deglutition, so essential to its enjoyment.

THE HOT-WATER "CURE."—The *Lancet* has some very timely remarks under this heading. It is probable that we have not yet begun to appreciate how widespread is the application of this so-called cure, nor how much mischief it is gradually producing. The article in question says very forcibly: There is no lack of evidence that crude or decomposing contents of the alimentary canal may be washed away by copious draughts of hot water, and that the apparatus of digestion thus

cleansed at short intervals will work better than when it is coated with *débris* and excreta. On the other hand, it is not less well known that the mucous membrane of the stomach and intestines may become permanently congested, and the essential parts of its structure—the organs of secretion and absorption—rendered habitually swollen and turgid, with the result of impairing their functions by too frequent “fomentation.” Like every thing else, the use of hot water as a “cure” needs to be determined by considerations of expediency, based on a precise judgment of the state and conditions in each individual case. If it should become popular to drink hot water largely, we shall soon be called upon to treat patients who have done themselves a lasting and, it may be, a serious injury by this practice. If it should happen that where there already exists a tendency to congestion, the blood-vessels are denied the opportunity of contracting and relieving themselves in the intervals of digestion, or if “gastric juice”—to use a popular term—slowly and laboriously secreted in cases with impaired or debilitated glands, be ruthlessly washed away by too frequent drinking, the “advantages” of the hot-water cure are not likely to prove welcome results of a “plan of treatment” which has been misapplied.

We heartily indorse these views as expressed in the *Lancet*, although we do not see how the gastric juice is to be ruthlessly washed away. As we understand it, the hot water is used only in the intervals of digestion, and as the gastric juice is secreted by the stimulus of food to be re-absorbed when it has performed its work of digestion, it could not directly be very much influenced.

FATIGUE, DROWSINESS, ETC.—GREEN LEAVES OF THE ERYTHROXYLON COCA.—In a pamphlet just published on this important drug by Mr. Thomas Christy, F. L. S., the writer gives an interesting account as to the efficacy of the fresh green leaves of this recently discovered therapeutical agent in combating fatigue and drowsiness, in allaying hunger, and in its beneficial effects upon the digestive organs. He also adduces cases in



support of the antidotal properties claimed for it in the treatment of victims to the opium habit. Mr. Christy strongly recommends coca to medical men and nurses and all who require to keep awake and on the alert for many hours, as a means of enabling them to go through their duties cheerfully, merely by chewing the leaves. In support of his statements Mr. Christy quotes cases of delirium tremens, phthisis, indigestion, lumbago, and dipsomania in which coca has been very successfully used, and he offers to send samples of the green leaves gratuitously to those medical men who are desirous of trying the effects of this drug on written application to his address, 155 Fenchurch Street, London. (Medical Press and Circular.)

TREATMENT OF HOARSENESS IN SPEAKERS AND SINGERS.—M. Corson advises the placing in the mouth of a small piece of borax, about two or three grains; it produces an abundant salivation and the voice becomes clear. He also recommends the use of a couple of grains of potassium nitrate in a glass of sugar and water, or an infusion of forty-six grains of jaborandi, and—shortly before using the voice—of a gargle with six or seven ounces of a decoction of barley, one to two drams of alum, and two drams of honey of roses. (*Rep. de Pharmacie.*)

CHLOROFORM WATER IN THE NAUSEA OF BILIOUS REMITTENT AND INTERMITTENT FEVERS.—This useful remedy can be easily extemporized at the bedside, by shaking a dram or so of chloroform in a bottle with water, and decanting. It calms the irritable stomach, and besides is very soothing to the headache which usually accompanies these fevers.

MOVABLE KIDNEY.—Dr. Henderson, in the Glasgow Medical Journal, reports a case of movable kidney permanently cured by a process of fattening. By this means he restored the normal fat about the kidney and fixed it in its natural place. (Detroit Lancet.)

## Notes and Queries.

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### IN MEMORIAM.

“ —these external manners of laments  
Are merely shadows to the unseen grief.”

Dr. Lunsford Pitts Yandell\* died suddenly in this city on the 12th of March. He was born on the 6th of June, 1837, at his father's plantation, Craggy Bluff, Rutherford County, Tenn. His father was the late Dr. L. P. Yandell, sr. His mother, Susan Juliet, daughter of David Wendel, of Murfreesboro, Tenn., added to uncommon personal beauty rare intellectual gifts and all those finer qualities which go to make up a lovely Christian character.

Lunsford acquired his scholastic education under direction of Prof. Noble Butler, the beloved educator who died in this city a short time ago. He got his degree in medicine from the University of Louisville in 1857. Two of his classmates are Profs. Sam'l W. Gross, of Philadelphia, and Austin Flint, jr., of New York. Among his teachers in the University were the eminent fathers of these two distinguished men. After graduating he continued his studies in the Louisville City Hospital and the Stokes Dispensary, then under the direction of his brother, Dr. David W. Yandell.

In 1858 he went to Memphis, Tenn., and engaged in practice. A year after he was appointed to the chair of *Materia Medica* and *Therapeutics* in the Memphis Medical College. In his first course of lectures, entered upon just after he had reached his twenty-second year, he gave promise of that terseness, clearness, grace, and force which distinguished all his future teachings.

\*The accompanying sketch is made up mainly from the pages of the Louisville Medical News for March 22d.

When the late civil war was declared he gave up his professional work and entered the ranks of the Southern army as a private soldier. He participated in the first battle of the Southwest, that of Belmont. A letter which he wrote from this field was soon after published in the Louisville Journal newspaper and was subsequently embodied in the United States History of the War as containing the most graphic description of that engagement.

Gen. Polk, who directed the Confederate forces at Belmont, learning that Dr. Yandell was a private in the ranks, sent for him to come to his headquarters. On seeing him he said, "Yandell, we need men to carry muskets, but we shall need surgeons too, and one of your name belongs naturally to the medical department of the service. Please therefore report to the Medical Director of the army, who will assign you to duty in his department." He obeyed the order, passed the required examination and was appointed surgeon. Three years later he was sitting on his horse, along with other officers of the staff, within a few feet of Gen. Polk on Lookout Mountain, when the body of that dauntless commander and Christian gentleman was torn in twain by a hostile shell.

At the battle of Shiloh Dr. Yandell came under the immediate eye of Gen. Hardee, and was afterward, at the request of this spotless and successful soldier, assigned to duty as Staff Surgeon and Medical Inspector of his Corps—posts which he filled with distinction until the final surrender. In every engagement in which he took part he was complimented in orders by his commander, not only for his care for the wounded, but for gallantry on the field. In the very last battle of the war and almost with the last shot, the only son of his beloved chief fell from his horse, mortally wounded, into Dr. Yandell's arms.

When the strife was ended he was paroled, and selecting Louisville as his future home, he came here and at once engaged in professional work. Business quickly came to him, and was soon all he could do. Two years later he married Louise Elliston, of Nashville, Tennessee. The year after he spent with his

wife in Europe, where he applied himself with his characteristic industry to such branches of medicine as interested him most—among them diseases of the skin, a department in which he subsequently attained great distinction.

In 1869 he was made Professor of *Materia Medica* and Therapeutics and Clinical Medicine in the University of Louisville. This place he held until two years since, when he was transferred to the Chair of the Theory and Practice of Medicine, a position which his previous studies, discriminating application, and extensive experience so well qualified him to fill.

As a didactic lecturer, he possessed every element of attractiveness. Of commanding presence and pleasing voice, he delivered his teachings in a way so earnest and in words so simple and so choice that even the youngest and most inexperienced of his classes, followed him with unflagging interest. After even this high praise, it is still truth to say that the field in which Dr. Yandell excelled was as a clinician. Early in his medical studies he manifested a taste for the investigation of disease at the bedside. He loved the presence of the sick. His manner to the poor who crowded his clinics was so patient, so considerate, and so gentle, that often, scantily clad and wretched as they were, he invested them with a dignity and importance which made upon the minds of his classes impressions which were never effaced.

As a writer, his best continuous work, perhaps, was done in a series of clinical lectures on Dermatology, published some years back in the *Louisville Medical News*. In the conduct of this journal his editorial writings on the medical topics of the times bear abundant witness to the vigor of his pen. As a practitioner he ranked among the best in a city long celebrated for the high character of its physicians.

"He came to the front every where, and without his assumption men yielded him the first place," was said of him by a practitioner who had met him daily for many years, and to persons who knew Dr. Yandell such praise will not seem extravagant.

Six years ago he was seized, when apparently in perfect health, with an overwhelming anguish, which, beginning in his



right side, quickly overspread his chest, and continued so long as to excite the gloomiest apprehensions in the minds of his physicians. Slowly and sullenly the attack yielded to remedies, but left him with a jaundice which kept him for a long while feeble and very wretched. Other attacks, but none so severe as at first, came at intervals throughout the remainder of his life. He sought relief in travel. While in New York, on his way to the other side of the Atlantic, he consulted the elder Dr. Flint, and when in Great Britain he had the advice of Sir Joseph Fayrer and other distinguished medical men. At the end of many months he returned home somewhat improved, at least in his general condition. But his old enemy continued at times to project its shadow across his path. He was so intent, however, upon that work he loved so well, that he gave his malady but little heed. None of his several physicians had ever expressed a positive opinion as to the real nature of his disease, and none had ever prescribed for him with apparent benefit.

His practice grew in extent and importance. He pursued it regardless of his sufferings; indeed, he had come to look upon these as a part of his destiny. Strange to say, that in the midst of all he endured, his general health suffered but little, if at all. His friends were led by this to believe that, notwithstanding the severity of his seizures, his disease was not an organic affection, and therefore not incompatible with length of days. He himself thought so, led to the opinion, no doubt, by the fact that as soon as he came out of an attack he was almost at once able to resume his multiform labors; often indeed in the slighter ones he continued his work without interruption. The week ending with the day of his death had been one of the busiest of his life.

On the morning of the 12th of March he awakened with a violent headache. He had had many headaches before. Continuing to suffer longer than was usual he took, toward evening, thirty grains of chloral, a remedy from which he had often found comfort in like attacks. It served him well again. He was soon easy, and asked for food. In the few minutes required for its

preparation he suddenly lost consciousness, the pallor of death settled upon his face, and he ceased to breathe. No post-mortem having been made, the exact character of the affection which had haunted him so long, and which ended his life so suddenly will remain unknown.

His wife and four children survive him. One, a boy, who bears the name, no less than the features of his father.

"The man whom ye call dead,  
In unspoken bliss instead  
Lives . . . . .  
. . . in the light ye can not see,  
Of unfulfilled felicity,  
In enlarging paradise  
Lives a life that never dies."

"But, ah!" as a friend, whose own fine qualities enabled him to see the subject of this sketch as he was, has appreciatively written, "how insufficient is the recital of these details of his career to even suggest, much less to portray, the man whose death we deplore!

"A splendid specimen of physical beauty, his presence compelled attention in whatever company he entered, even before he spoke his kindly greeting of courtesy to all. A gentleman as of the olden time, he ever hastened to offer welcome to visitor of our city, and in his home illustrated Kentucky hospitality. The crowded parlor waited for his accustomed epigram, and the merry laugh rang loud over the paradoxes he delighted to speak. Large place he filled in the world of society in the city which he loved so well.

"In the University with which his name had been so long associated, despite his comparative youth, he had gained the seat of honor; and there his peculiar power of epigrammatic expression illumined the dreary wastes of practice through which he guided the student. The testimony of his pupils is unvarying that it was a joy to sit at his feet. 'Tis a sweet memory to those who loved him, who knew his reverence for God and for good, and his desire to be able truthfully to confess the Christian Creed, that the last words he ever spoke in the lecture-

room were these: 'Young gentlemen, be skeptical about every thing except God and love. Never doubt the existence of God, or the truth of Christianity, for they are the only truths which will stand the "trial of life."' "

"And yet his joy was deeper in hospital and dispensary, where day after day he met the poor and the miserable, where he ministered to the bodily pains of those who could not buy the help they sought. Yes, here was Lunsford Yandell's throne, and not the professor's chair, nor yet the editor's desk. Graceful as was his pen, ready as was his tongue, he loved best to stand by the bedside of the suffering and with tender hand apply his healing art. Tenderness was the characteristic of the man always and every where, and Truth that was not afraid to speak in the face of all opposition, Truth that disdained a false claim to merit, Truth that could confess itself to have erred, Truth that would be loyal to its friend under all difficulties.

"As we write we recall more than one exhibition of these characteristics. We remember how he was content to be charged with disregard of professional ethics, that he might go and watch the sick child of his absent friend when that child was being treated by a physician not of the regular school. We remember how he turned away in tears from the place where Cowling's books and instruments were being sold by the auctioneer. They were sacred things to him; they had known the touch of the dead hand he longed to clasp. We remember the patient endurance of many a slight and many a wrong, and a forgiveness that put away into perfect oblivion the wrong-doing and the doer. His own spirit did precede but a little way into the unseen world that of a youth whom he loved, and whose bedside had welcomed him more than every day for weeks before his summons. 'Why do you go?' he was asked, 'you can do him no good.' 'No,' he replied, 'but he loves to see me, and my visit cheers him.'

"He loved men; he loved to minister to their needs, and best of all to those who 'had no helper.'

"With strong convictions, with a formed opinion on every

mooted question, convictions and opinions he was ready to speak; yet always gentle, always forgiving, always tolerant of the thinker who saw not with his eyes.

"May we dare for a moment lift the sacred vail which hides his home, and look on our brother amid the loved ones who made his happiness? 'Tis but that we may there behold the same principles of conduct in mightiest operation, developing the man into the father who never forgot his children, whose every thought was for their elevation and their happiness, and who to them, as to all others, was just and true and tender. A single instant before his brave heart ceased to beat his lips spake to his baby boy an apology for a thoughtless word which had pained the little man. His very last breath was full of tenderness and truth.

"Peace to his ashes! His work is done, his sun has gone down while it was yet high noon. What reward did he gain? Ah, brothers, come stand in the darkened chamber where lies the empty casket from whence his life has fled:

"An old man, poor and almost blind, is brought at his request that he may look once more on the features of the friend who had so often helped him. The curtained light hides the face he would see. 'It is so dark,' he says, 'but may I not kiss him?' And kneeling down he gives the kiss of gratitude to the cold lips. Such was his reward.

" . . . Stranger, if to thee  
His claim to reverence be obscure,  
If thou wouldst know how truly great was he,  
Go ask it of the poor.'"

The faculties and students of the several medical schools in the city, the various societies of which Dr Yandell was a member, and the physicians at large passed resolutions expressive of the esteem in which the deceased was held. Telegrams and letters of condolence from all parts of the country poured in upon his family.

His colleagues in the University met and wrote:

The sudden death of our beloved colleague, Lunsford Pitts Yandell, Professor of the Science and Art of Medicine in the Medical Depart-



ment of the University of Louisville, has overwhelmed us with deepest sorrow. To us, his colleagues, who have known him intimately, he was endeared by his genial and sunny disposition, his generous and noble impulses, his warm-hearted friendship, his upright, honorable and manly character. We loved him because we knew him, and because we loved him we cherish his memory and mourn his loss.

In Professor Yandell's death the University of Louisville has been deprived of one of her most distinguished alumni, a zealous and devoted teacher and friend, a brilliant and eloquent lecturer. The good of the University, her honor and glory, were ever dear to his heart. In her service he spent the best part of his life, and in her behalf he put forth the highest efforts of his gifted nature. His illustrious father was one of the founders of the University of which he in time became an alumnus, then a private teacher, and finally a professor. In this capacity he added to the renown of his Alma Mater by his spotless character, his earnestness and attractiveness as a teacher, fully maintaining the honor of a name so long and justly celebrated in the annals of medicine. As a physician he was successful in practice, and enjoyed in the fullest measure the confidence and affection of all classes. He was greatly beloved by his numerous patients for his gentleness and sympathy, his kindness and devotion to duty, as well as for his varied and extensive learning and rare practical insight and skill. He was an original and independent thinker, and a frequent contributor to the current literature of his profession. He wrote with facility and grace, and had the great gift of presenting in a clear and vigorous style whatever subject he wrote upon. As a medical editor he wielded a marked and most beneficial influence. The journal he conducted for so long, and which will ever be identified with his name, rose in popularity and power under his active and able management. It must continue one of the monuments which will perpetuate the memory of his virtues, his talents, and his work.

The physicians of the city gathered in exceptionally large numbers the day after Dr. Yandell's death, and expressed themselves through Dr. Coleman Rogers as follows :

We have met to-day on a very solemn occasion, and one whose repetition has become but too frequent in the history of our guild. We have assembled to pay a tribute of respect to the memory of a departed and a deeply-loved member of our profession. Our regrets are now not for one who has rounded up his days in serene old age,

but for one whose task was far from completion, and upon whom a life of usefulness was fast beginning to dawn in the fruition of his hopes. Yes, the rose and expectancy of the fair State has withered, and that form, the paragon of manly beauty, has been laid low. Lunsford Pitts Yandell has been suddenly called from his earthly labors, in all the pride and strength and beauty of his magnificent manhood, and in the midst of his usefulness. But a few days ago he seemed to be a type of manly vigor and activity, and none of us would have imagined that he was destined for an early death. But, like his confrères, Bayless, Crowe, Cowling, and Foree, Dr. Yandell died in full panoply—changed, as it were, in the twinkling of an eye, from time to eternity. These are lessons that should not pass unheeded—

“Is death uncertain? Therefore be thou fixed,  
Fixed as a sentinel—all eye, all ear,  
All expectation of the coming foe.”

A detailed account of Dr. Yandell's life-history will appear elsewhere. On an occasion like this all that can be done is to express in some measure the grief we feel when called upon to face so appalling a calamity as the death of such a man. To say that Dr. Yandell has deservedly filled a large space in the public eye; that he has acted his part honorably and well; that he was the idol of his family, friends, and social circle, would be but to recount facts well-known to all. His personal record as a man, a citizen, and a physician is stainless. And what more can be said than this? His reputation as a man of science was not confined within the narrow limits of our own city and State, but was National, indeed cosmopolitan. As a practitioner, writer, journalist, and teacher he was *primus inter pares*. He was an ornament to his profession, thoroughly alive to its interests, jealous of its honor, and anxious to see it occupy an exalted position in the minds of his fellow citizens. His extreme kindness of heart, his charming humor and *bonhomie*, his courtliness and grace of manner, made his presence among his friends and patients ever welcome. He was the true type of the chivalric Southern gentleman, *nascitur, non fit*.

Charity never appealed to him in vain, and he was always ready to lend a helping hand to those who needed his assistance. Access to his home, which he so often afforded his friends and associates, served to display his liberal and princely hospitality and to give glimpses of that tender love and devotion which characterized him as a husband and father. Strong in his convictions, he was as earnest in their defense. In the various phases of medical politics in which he was necessarily an active participant, he administered blows as

well as received them. But his nature and his love for his fellow man did not allow of his harboring enmity. The foes of to-day would more than likely be his friends to-morrow; and when he laid himself down to his final rest, we think that it can be truly said that it was with malice toward none and with charity for all. He mingled with us as a joyous, loving, happy and honored companion in all the walks of private and professional life, and we feel, and shall long feel a deplorable loss in his absence. His bodily presence is gone from us, but he will ever live in our memories, a well-spring of delight, and surely

"To live in hearts we leave behind  
Is not to die."

What has been said thus far of the deceased relates rather to his qualities, capabilities, and worth as a medical man, as seen by medical men. Much more than this was said at the several meetings of physicians held in this city and elsewhere. But this must suffice now.

Of the estimate placed upon him by the community in which he was raised, and where he lived his life; of its estimate of him as a man, a citizen, and a physician, some idea may be had in the following editorials contained in the *Courier-Journal*, *Commercial*, and *Argus* newspapers:

The *Courier-Journal* said:

The death of Dr. Lunsford P. Yandell would at any time have been felt as a public bereavement. Dying now, in the vigor of his manhood, in the plenitude of his power, with his mind strengthened and deepened and disciplined by faithful study and by the stern experiences of life faithfully met—dying now when best understood and best prepared for the exacting labors of his profession, his death is to thousands a personal misfortune, and to the public a loss irreparable. "Oh, man, greatly beloved, go thou thy way till the end, for thou shalt rest and stand in thy lot at the end of the days."

This is not the place to express, could words express, that sense of personal bereavement which weighs heavily on so many. Dr. Yandell's character was so marked and strong, he was such a force in this community, that he was not simply a private citizen. Here he studied in his youth; here he struggled in his early manhood; here he made friends, who to-day rise up and call him blessed; and, alas for poor human nature! enemies whom death has silenced; and here

he won that high position in his profession and in the esteem of his fellow citizens which any one might envy.

Dr. Yandell dies in his forty-seventh year, ripe for much labor, and well worthy that love and confidence which is labor's best reward. Looking forward hopefully, cheerfully, confidently to years of service in the cause of science, in the cause of humanity, which true science ever serves, the summons came. But death, imperative, implacable, irreconcilable, can not take the best part of him. He lives, and his works do follow him. He lives in the memory of his friends; he lives in the gratitude of those whom he served; he lives in the words he has written, in the records of his studies, experiments and investigations. This is a heritage invaluable, inestimable, and as we consider it, and more, as we test it by all true and just standards, it will seem all the brighter and better.

The characteristics which won him admiration and confidence here among us were the same which on the field of battle brought him distinction—courage, decision, determination, and an unswerving devotion to his duty as he saw it. By courage we mean something more than the physical trait which is so common, something more than even that courage called moral, which is rarer; we mean a fearless following of his convictions without weighing consequences, and a cheerful, unmurmuring payment of all the penalties of such a course. He was the soldier of science, not with boasting and vain-glory, but with a questioning humility that seemed at times paradoxical.

To this courage he added a gentleness of demeanor, a certain courtly grace of manner, that was irresistible. He had all the advantages of an imposing appearance, tall, straight, and well-built; in physical proportions he was one in a thousand. The very type of his manhood was at variance with all things mean or ungenerous; nature does not cast ignoble men in such a mold.

Dr. Yandell sought to know nature and nature's laws better; to give her beneficent forces free course. In his teachings and in his practice, by precept and example, he was ever saying: "Prove all things; hold fast to that which is good."

He delighted in nature and all her works. He studied nature in all her aspects. He found "tongues in trees, books in running brooks, sermons in stones, and good in every thing." It was not a mere diletanteism, an out-door estheticism: it was a love firm and abiding, manifested in hours and years of exhaustive study and tireless investigation.



Dr. Yandell was a good worker; work when in health was his delight. So devoted was he to all of his pursuits that he followed them earnestly and zealously even when pain weakened his physical power and made labor ten times more difficult. During the past six years he has been a sufferer, subject to attacks which caused intense agony, yet his energies never flagged, and these last days were his best days. Many times has he passed the long night by the bedside of a patient, seeking to alleviate a pain not comparable to what he was enduring.

Every successive stage of his journey opened to him larger fields of usefulness; made him realize how much was yet undone, until, strong in the faith that he had his own work to do, he said: "I shall not die yet." Said a friend once to Arnaud, "Why do you not rest sometimes?" "Rest," he answered, "Why should I rest here? Have I not an eternity to rest in?" This was the spirit of unrest which possessed Dr. Lunsford Yandell.

We speak thus of him for the encouragement of those who follow him afar off, for the young men, his pupils, for those in other vocations, urging them to emulate his actions. He was a physician faithful to all the requirements of his calling. But he was more than this; he was a public-spirited citizen. His time, talents, energy, his zeal and his means were always at the service of the people, because he believed a man owed certain duties to society, which, if neglected or disregarded, would bring disaster. Well will it be when our men in all callings give the same attention to public matters Dr. Yandell always gave.

If his life of activity, if his death, sudden and swift, carry not their own lessons, leave not their own impressions deep and lasting, it were idle to multiply words. Here in his success, which was abounding, is his message to those who are to follow him.

Of personal grief, of sorrow long abiding and sterner as the days pass, we can say nothing, but could he speak to-day we doubt not his words would be something like these:

"And in your life let my remembrance linger  
As something not to trouble and disturb it,  
But to complete it, adding life to life;  
And if at times beside the evening fire  
You see my face among the other faces,  
Let it not be regarded as a ghost  
That haunts your house, but as a guest that loves you;  
Nay, even as one of your own family,  
Without whose presence there were something wanting."

### The Louisville Commercial :

The community will be shocked this morning to hear of the death of Dr. Lunsford P. Yandell. It was appallingly sudden and unexpected. Dr. Yandell was a man of magnificent physique, a model of manly strength and beauty—the very picture of vigorous health. If any acquaintance of his had been called on to select one most likely to live to hale old age, he would have been chosen from a thousand. He was suffering yesterday from neuralgia. About 7 P.M. he took a moderate dose of chloral. It relieved him and he asked for supper; before it was ready he was dead. It is impossible, as we write, to realize that he is dead, or to appreciate fully all that is lost with him. Society, of which he was an ornament, his profession, to which he was an honor, his friends, to whom he was a delight, will long remember and mourn him. Of the sacred grief of his family we can say nothing. All who knew Dr. Yandell intimately must have remarked how much he had expanded mentally and intellectually in the last half dozen years. Before that the abounding vigor of his physical constitution seemed to have afforded him so much pleasure in living that his mind did not assert the prominence to which it was entitled; but of late years he has acquired, without apparent effort, high rank as a patient and skillful investigator, a forcible and eloquent speaker, a brilliant writer, and a thoughtful, far-sighted citizen. He was a charming companion; his talk copious, ready, full of wit, originality and humor; and his manner that happy combination of the courtly graces of the old school with Southern geniality and Western heartiness, which makes the most delightful manner in the world. He was a most gallant gentleman, a noble physician, a good citizen, and a generous friend. Alas! that we have to say he was all this, and that he is dead.

### The Sunday Argus :

The death of Dr. Lunsford P. Yandell, Wednesday evening last, was singularly distressing. It awakened a sense of profound grief throughout the city. Until within two hours of death he was active in the profession which he adorned by his learning, his genius, and his skill. The fatal messenger gave but little warning of its approach; his heart ceased its beating in the pangs of paralysis. Dr. Yandell had reached only the mid-time of life. His career, nevertheless, had been marked by triumphs that might have filled the ambition of an older man. There had gathered about him a phalanx of friends, and the highest honors of his profession had blossomed on his brow. To these was added the pure love of wife and of children, whose

hopes were unspeakably dear to his heart, and for whom he could offer no sacrifice too great. He was an embodiment of manliness. His whole character was high, noble, and broad. Endowed with rare intellect, he had enriched it by studious culture. He practiced his profession in the spirit of a humanitarian, and taught its great principles with a scholarly pen and an eloquent tongue. Many a bedside of the sick in Louisville has been relieved of care, of pain, and of dread by his tender words, and many a dying man and woman has blessed with latest breath his gentle ministrations. Dr. Yandell was an example and a pattern to his race. His life seems extremely brief because it was unutterably precious to all who knew him. The day of his death was the first for weeks that had dawned in sunshine here, and it appears now to have come with its bright face to sweeten his own last hours. He died with the day itself, and his receding spirit shared the mellow setting of the sun. The community is filled with sorrow for the loss which has thus been inflicted upon it. It can not be repaired. The tomb in which his body rests is a silent dwelling-place, but the virtues of the dead will be spoken every day; and the name of Lunsford Yandell will survive the shadows of the grave.

IN MEMORIAM.—PROF. J. LAWRENCE SMITH.—From a short, simple, and appreciative biographical sketch of the late Prof. Smith, prepared by Prof. J. B. Marvin, M. D., at the request of the American Academy of Arts and Sciences of Boston, we make a few extracts which will, we know, interest all our readers, but especially those who sat under the teachings of the first scientist when he occupied a chair in the University of Louisville.

J. Lawrence Smith was born near Charleston, S. C., December 17, 1818. At an early age he manifested great taste for mathematics; when four years old he could do sums in addition and multiplication with great rapidity. This was some time before he could read. At eight years of age he was prepared for the study of algebra, and at thirteen years was studying calculus. His knowledge and taste for mathematics continued throughout life. He selected civil engineering as a profession. This pursuit not proving congenial with his scientific tastes, he determined to study medicine. After studying three years, he was graduated Doctor in Medicine by the Charleston Medical

College. Dr. Smith then went to Europe, where he devoted three more years to the study of medicine. During all this time he continued his devotion to those departments which first enlisted his scientific affections. He studied physiology under Flourens and Longet; chemistry under Orfila, Dumas, and Liebig; physics under Pouillet, Desprez, and Becquerel; mineralogy and geology under Elie de Beaumont and Dufrenoy. While in Europe Dr. Smith prosecuted original researches on certain fatty bodies. His paper on Spermaceti, in 1843, at once stamped him as an experimental inquirer. On his return to Charleston in 1844, he commenced the practice of medicine and delivered a course of lectures on toxicology before the students of the Charleston Medical College. He established the Charleston Medical and Surgical Journal, which proved a success.

But the State needing his services as assayer of the bullion that came into commerce from the gold-fields of Georgia, North and South Carolina, he accepted this duty and relinquished the practice of medicine. He also gave a great deal of attention to agricultural chemistry. The great beds of marl on which the city of Charleston stands early attracted his attention. He first pointed out the large amount of phosphate of lime in these marls, and was one of the first to ascertain the scientific character of this immense agricultural wealth. Dr. Smith also made a valuable and thorough investigation into meteorological conditions, character of soils, and culture affecting the growth of cotton. His report on this subject was so valuable that in 1846 he was appointed by President Buchanan, in response to a request of the Sultan of Turkey, to teach the Turkish agriculturists the proper method of cotton culture in Asia Minor. On the eve of returning to America, the Turkish Government tendered him an independent position as mining engineer, with most liberal provisions. He performed the duties of this position for four years with such signal success that the Turkish Government heaped upon him decorations and costly presents.

In 1854 he was elected to the Chair of Chemistry in the Medical Department of the University of Louisville, made va-



cant by the resignation of Prof. B. Silliman. He filled this chair with signal success for several years, finally resigning it, devoting his time to scientific research.

Prof. Smith was a most indefatigable worker; his more important original researches number nearly one hundred, besides numerous addresses, lectures, and communications to secular and scientific papers on various scientific subjects. For two or three years Prof. Smith had been in declining health from a chronic affection of the liver; he was seldom confined to his house. On the first of August, 1883, a severe attack of his disease compelled him to go to bed. After an illness of more than two months, characterized by the most patient, uncomplaining endurance, he peacefully and painlessly passed away, Friday, October 12, 1883, at three P. M.

Prof. Smith was of imposing presence and great dignity, strong, manly, self-reliant, pure-hearted, withal one of the most modest, unostentatious of men; a simple, genial Christian gentleman. To those who knew him, or ever felt the charm of his presence, he was scarcely less endeared by his genial virtues than admired for his great powers. In him were united great talents and profound knowledge, with such graces of character as modest unselfishness and the most spotless integrity. His hospitality was unbounded; his love for children great; his courtesy and gallantry to ladies partook of the chivalry of former ages. He was most generous with his apparatus, and any one manifesting an interest in science was sure of help and encouragement from him. For many years he was a consistent member of the Walnut-Street Baptist Church. He was active in every benevolent and charitable work. His charity knew no sect or creed, but his ear and purse were open to all real suffering. He founded and largely endowed the Baptists' Orphan Home of Louisville, thereby erecting a monument more noble and enduring than marble or brass.

Prof. Smith said, "Life has been very sweet to me. It comforts me. How I pity those to whom memory brings no pleasure!" He had "set his house in order," saying he knew it would

be but a short time before Death would claim him; but he was ready to go at any hour or day. He leaves the memory of a pure life and a heart full of "exercised humanity."

THE GOVERNMENT CONTROL OF THE UNITED STATES PHARMACOPEIA.—Thomas F. Wood, M.D., Wilmington, N. C., editor of the North Carolina Medical Journal, writes, in the issue of February, 1884, as follows: A bill has been introduced into the House of Representatives, by Mr. Randall, of Pennsylvania, to prepare and publish a National Pharmacopeia. The chiefs of the Marine Hospital Service, of the Navy, and of the Army are each to detail two medical officers, and these officers are to invite the American Medical Association and the American Pharmaceutical Association to form committees of not more than three members; and thus constituted this board shall proceed to the work of forming a new pharmacopeia, said board having the power to add to its number from time to time, as may in its judgment be necessary. Five thousand dollars are to be appropriated for carrying out the work.

No doubt this proposition will strike the profession in this country with surprise, more especially when the history of the Pharmacopeia is recalled. From the beginning the labor and expense of the production of this work has been undertaken and carried forward by private enterprise. The few men who have been interested in it have given their time and labor with an ardor which does credit to the two professions from which they came. Furthermore, they had the wisdom to keep this work alive by their desire to promote the best interests of the profession, and we are quite sure that none would have resisted quicker than they any movement, even by implication, which would have surrendered the work to the General Government. This is more than ever inferable, when we remember that in the early conventions the organization was completed before the officers of the army and navy were invited to take seats.

It will be surprising, therefore, to the profession, that there should have suddenly arisen an emergency which makes it now

more necessary that "a national authoritative standard" should be undertaken by the Government.

The Medical News, it seems, is able to give a reason. In its issue of 9th February it says: "Unfortunately, since 1880 the United States Pharmacopeia has become a matter of commercial speculation. While a vast amount of intelligent and well-directed labor was bestowed upon it by the Committee of Revision, taken as a whole it is by no means creditable to the science of the country, and complaints as to its inaccuracy and the inconvenience of its methods have been numerous. Not only was it thus inferior to former revisions, but it was padded out into an absurdly large and clumsy volume, and supplied to the profession at an extravagant price, wholly disproportionate to its former rate. That this departure from the time-honored course followed in former revisions should awaken wide-spread dissatisfaction was inevitable; and it was to be anticipated that the dissatisfaction would lead the Government to supply a want which had always existed, but which had never before become so imperative as now."

*Per contra*, we consider it rather fortunate that the committee has been able to produce a volume that could attain to any sort of a commercial dignity, instead of preparing revision after revision that did not possess any. We can not agree either that the revision was supplied at an extravagant price, for had this been so the volume would not have been sought after so eagerly in the book market by such a large number of purchasers—a number far greater than for any previous edition, however cheap. The medical and pharmaceutical professions were willing to pay the price asked for the work, just as they would for any thing they thought worth the money.

As to the inferiority of the present revision as compared with previous ones, we will let the British Medical Journal, p. 700 (Oct., 1883) speak. The reviewer in that journal has been comparing the British Pharmacopeia, the German Pharmacopeia, and the United States Pharmacopeia (1880), and says: "In comparing the three pharmacopeias, it must at once be con-



ceded that the United States Pharmacopeia is incomparably the best. The previous revision was very poor, but the present revision is a very great improvement on the last. It contains an enormous mass of information, which is, however, chiefly of use to the pharmacist. Nevertheless it contains almost every possible preparation which can be needed by the medical practitioner."

We think the Medical News will be greatly disappointed in not finding "professional approval" of the proposed National Pharmacopeia "practically unanimous." Not a large number of men are going to give the matter a thought, if we are to judge by the past. But of those who do actively consider the subject, we believe that very few will have such poor memories as to overlook the undesirable basis upon which, by the conditions of this bill, the National Pharmacopeia would be founded. An expensive and disappointing experiment has already been tried by attempting to combine such incongruous bodies as the Army, Navy, and Marine Hospital Service, and the result was the wrecking of the National Board of Health through the ambition of the Marine Hospital Service. With this disaster staring a confiding profession in the face, it is now proposed to reform the old combination and to attach enough civilian experts to the Board to give it a general scientific character, and so avoid the suspicion of making it a purely Government work.

We think when these facts are duly considered, if the profession of medicine and pharmacy are to have any voice in the matter, they will more nearly unanimously reject the proposition.

Another point: The whole movement, as set forth first in the Randall bill and in the approving editorial of the Medical News, has too much of the color of rivalry between New York and Philadelphia not to be understood by non-residents of those favored cities. Some of the gentlemen of the latter city have never been able to disguise their dissatisfaction at the departure of the Pharmacopeia from them, and we do not believe a word of complaint against the scientific part of the present revision of



the Pharmacopeia would have been sounded, had the business management been to the liking of the complainants.

But we assert, even if the proposed plan is excellent in every respect, there is no reason why a new Pharmacopeia should be compiled at an earlier date than 1890. We are willing to take the opinion of the British Medical Journal upon this subject, and repeat that the U. S. Pharmacopeia is incomparably the best in any language, and a wise Congress will not willingly interrupt the course of a scientific body pursuing its work zealously and honestly and at its *own expense*.

THE BRITISH MEDICAL ASSOCIATION.—The fifty-second annual meeting of the Association will be held on July 29, 30, and 31, and August 1, 1884, at Belfast, under the presidency of James Cuming, M. A., M. D., F. K. Q. C. P. I., Professor of Medicine, Queen's College, Belfast.

The address in Medicine will be delivered by Sir Andrew Clark, Bart., M. D., F. R. C. P., Physician and Lecturer on Clinical Medicine, London Hospital.

The address in Obstetric Medicine will be delivered by Geo. H. Kidd, M. D., F. R. C. S. I., Master of the Coombe Lying-in Hospital, Dublin.

The address in Physiology will be delivered by Peter Redfern, M. D., F. R. C. S. E., Professor of Anatomy and Physiology, Queen's College, Belfast.

Visitors coming from America to attend this meeting can travel by any of the following routes: A "Cunard" steamer will leave New York on Wednesday, July 16th, arriving in Queenstown about the following Thursday week, July 24th; Boston, on Saturday, July 19th, reaching Queenstown the following Monday week, July 28th. A "White Star" steamer will leave New York on Saturday, July 12th, and on Saturday July 19th; due at Queenstown about July 20th and July 27th. An "Inman" steamer will leave New York on Tuesday, July 15th; due at Queenstown about July 23d. An "Allan" steamer will leave Quebec on Saturday, July 19th, arriving in Londonderry

about the 26th or 28th July. An "Anchor" steamer will leave New York on Saturday, July 19th; due at Londonderry on July 29th. Londonderry is ninety-five miles from Belfast, and trains run daily between the two places. The route from Queenstown to Belfast is from Queenstown to Cork, Cork to Dublin (one hundred and sixty-five miles by train), and Dublin to Belfast (one hundred and thirteen miles).

Communications in reference to the meeting of the British Medical Association at Belfast to be addressed to the Hon. Local Secretaries, John Moore, M. D., Alex. Dempsey, M. D., John W. Byers, M. A., M. D.

MEETING OF THE INTERNATIONAL MEDICAL CONGRESS AT COPENHAGEN.—The time of the meeting of the British Medical Association at Belfast has been fixed so as not to interfere with the International Medical Congress, which is to begin at Copenhagen on 10th August. A steamer will leave Hull (England) on August 2d and 9th for Copenhagen; and on August 5th a steamer will leave Leith (Scotland) for Copenhagen. Both these places (Hull and Leith) can be reached on any day by leaving Belfast on the previous evening by the cross-channel steamers. Visitors after attending the meeting of the British Medical Association in Belfast will have ample time to travel to Copenhagen for the Congress.

THE NEW YORK POST-GRADUATE MEDICAL SCHOOL.—We learn that the college has taken a lease of a building in East Twentieth Street, between Second and Third avenues, four stories in height, and having ninety-five feet frontage, into which it will move on or about the first of February. This will give ample room for the present work of the school, as well as for a hospital department, which, we learn, is to be established. Bed-side instruction will then be given under the same roof with the regular courses.

# The American Practitioner.

MAY, 1884.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

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## Original Communications.

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### A SUCCESSFUL CASE OF GASTROSTOMY FOR CARCINOMATOUS STRICTURE OF THE ESOPHAGUS.

BY SAMUEL W. GROSS, A.M., M.D.

*Professor of the Principles of Surgery and Clinical Surgery in the Jefferson Medical College, of Philadelphia.*

A married woman, fifty-one years of age, was transferred from the throat department of the Jefferson Medical College Hospital to my wards on the 29th of January, 1884, on account of increasing difficulty in swallowing. Eight months previously, she began to experience pain between the scapulæ and in the right hypogastrium whenever she took solid or liquid food, and one month subsequently, dysphagia, along with regurgitation, made its appearance. She soon restricted herself to liquid diet, which amounted to about two quarts of milk, three or four eggs, and occasionally some broth, in the twenty-four hours. For a month previous to her admission, the daily amount of milk averaged one quart, and she had frequent attacks of spasm, which prevented nourishment altogether. During this time a medium-sized bougie had been passed every second day, its insertion growing, however, more and more difficult, and it was found impossible, a few days before her admission, to insert an elastic

tube either by the nares or the mouth through the obstruction for the purpose of alimentation. Her weight was reduced from one hundred and twenty-eight to one hundred and eight pounds, and she was losing flesh at the rate of one pound a week. In other respects her condition was fairly good.

Bougies of various sizes met with an obstruction at about one inch and a half below the cricoid cartilage, which could not be overcome without what I considered to be a dangerous amount of force, and efforts to pass a soft tube were equally unsuccessful. In view of the age of the patient and the absence of a history of syphilis or of the swallowing of a corrosive fluid, the diagnosis of carcinoma was made, although there was neither lymphatic involvement nor other external evidence of that affection.

The object and risks of gastrostomy having been fully explained to the patient, she was glad to submit to any operation which might prolong her life. Accordingly, on the 31st of January, with the assistance of Professor Brinton, Dr. Hearn, Dr. Allis, Dr. Barton, and Dr. Parrot, I made an incision about three inches long beneath the line of the eighth and ninth costal cartilages down to the peritoneum, the outer portion of the rectus muscle, which was abnormally broad, requiring division, which delayed the opening of the peritoneal cavity until the hemorrhage had been arrested with hot water and four ligatures. On incising the peritoneum the stomach at once came into view, and two silver wires were passed through its two outer coats, at a distance of six lines from each other in order that they might be used to steady the organ during the succeeding steps of the operation. An outer row of sutures was now passed through the serous and muscular coats of the stomach and the entire thickness of the wall of the abdomen, after the manner of Mr. Howse, of Guy's Hospital, and their insertion was greatly facilitated by arming each thread with two needles. As much of the divided edges of the peritoneum were next united to the stomach with the continued suture as sufficed to leave the latter exposed for an area as large as a five cent piece, and the remainder of the



superficial wound was closed with interrupted sutures in such a manner as to leave a central opening corresponding with the exposed stomach. The spray was not used, but the sutures, ligatures, gauze, and other dressings had been thoroughly soaked in a one-to-one-thousand solution of corrosive sublimate, and the instruments and hands were purified with the usual solution of carbolic acid.

The patient reacted well, and the evening temperature denoted an elevation of one degree, while the pulse was increased nine beats. On changing the dressing on the third day the wound was found to be slightly erythematous and discharging a little pus. In the interval, three ounces of nourishment, which consisted of milk, kumyss, eggs, and beef juice, to which pepsin had been added, were administered by the rectum every three hours, and she had taken nearly a pint of dry champagne by the mouth every twenty-four hours. As there was some tympanites, two drams of liquor pancreaticus, four grains of bicarbonate of sodium, and half a grain of carbolic acid were substituted for the pepsin. On the sixth day, the nutrient enemata being, however, continued, she began to take liquid nourishment by the mouth, and the latter was discontinued in two days, as it was found that she experienced no difficulty whatever in swallowing, and that the reflex interscapular and hypogastric pains had disappeared. This marked improvement continued for eight days, when dysphagia necessitated a return to the nutrient enemata, which were persisted in for three additional days, when the stomach was opened, three weeks having elapsed since the performance of the first step of the operation. The outer row of stitches was removed on the sixth day, the ligatures having come away forty-eight hours previously.

In opening the stomach, the partially loose continued suture was utilized to steady the organ, the silver wires having cut their way out. The puncture, which was made with a small scalpel, was followed by slight hemorrhage, and the patient was fed through an elastic tube, of which the distal end was fashioned like the point of a pen to facilitate its insertion, while the

proximal extremity was attached to a small glass funnel. After feeding, the funnel was detached, and the tube, having been knotted to prevent the escape of the contents of the stomach, was retained in place by a compress of absorbent cotton and a flannel bandage. At the expiration of one week the tube, which was equal in caliber to No. 16 of the French scale, was withdrawn, and inserted only when it was required; but, as the orifice showed a disposition to contract, it was enlarged at the end of ten days, and a tube of eighteen millimeters in circumference inserted permanently. Through this tube the patient still continues to be fed, and there is no escape of gastric juice or of food. The continued suture, it should have been stated, was removed when the stomach was opened.

At the present date, seven weeks after opening the stomach, the condition of the patient is excellent, the reflex pains having been entirely relieved, and the strength maintained, although she has not gained in weight. Hence, the desired object of averting death from threatening starvation has been attained, and there is every prospect of maintaining life in comparative comfort for several months.

A personal experience with two cases and a thorough knowledge of the literature of the subject have convinced me that gastrostomy is not only easy of performance, but that it should be resorted to in all cases of carcinoma of the esophagus as soon as dysphagia has set in, for the double object of alleviating suffering and prolonging life. The best incision to reach the organ is that of Bryant, which commences at the outer border of the rectus at the level of the eighth costal cartilage, and is carried for three inches below the borders of the ribs toward the apex of the tenth cartilage, the movable tip of the latter on the ninth cartilage being a capital guide for the termination of the incision. Unless there is imperative need for opening the stomach at once, it will be wise to divide the operation into two stages, so as to insure perfect union of the peritoneal surfaces, and thereby prevent peritonitis from effusion.

To effect this object, the stomach should be stitched to the wall of the abdomen by an outer row of pure silk sutures, as recommended by Howse, in addition to the sutures inserted through the viscus and the edges of the wound, care being taken not to penetrate the cavity of the stomach, lest its contents may pass through the punctures and light up peritonitis, as happened to Volkmann. The opening in the stomach, which may be made after the lapse of five or six days, should not be longer than a quarter or the sixth of an inch, and in making it the organ should be steadied by the two threads or wires inserted at the first operation near the center of the exposed portion. For feeding, an elastic tube of sixteen or eighteen millimeters in circumference may be permanently retained in the opening, but it should be renewed at least every four days.

Gastrostomy for carcinoma has been resorted to at least one hundred and fifty-eight times. Forty-two of the subjects perished as the direct or indirect result of the operation; twenty-one from peritonitis, eleven from pneumonia, bronchitis, and pleurisy, five from shock, four from phlegmonous gastritis, and one from renal convulsions. The mortality may therefore be placed at 26.58 per cent, which is not large when the exhausted condition of many of the patients at the time of its performance is taken into consideration. Two additional cases succumbed, one from hemorrhage from the growth, and the second from suffocation due to perforation of the trachea, while sixty-five died of exhaustion, starvation, or extension of the disease, at periods varying from nine hours to one month. In fourteen the second step of the operation was not completed. Of the entire number, one hundred and nine died in one month; four were living, but how long can not be determined, and forty-five survived longer than one month, the average duration of life after the stomach was opened having been thirty-three days.

Of the forty-five survivors, twenty-seven expired subsequently: two in five weeks, two in seven weeks, eight in two months, two in two months and a half, three in three months, two in four months, two in five months, one in six months, one

in seven months, one in seven months and a half, two in eight months, and one in ten months. Of the remaining eighteen, three were living at the end of one month, two at forty days, one at seven weeks, three at two months, two at three months and a half, two at four months, one at five months, one at six months, one at seven months, one at twelve months and nine days, and one at thirteen months. The last two cases were under the charge of Mr. Walter Whitehead, of Manchester, England, who was kind enough to write me that the first could not live much longer, while the second was still enjoying excellent health.

1112 WALNUT ST., PHILADELPHIA, April 10, 1884.

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## CERTAIN FOREIGN BODIES IN THE EYE, AND HOW TO REMOVE THEM.\*

BY C. D. AGNEW, M. D.

*Clinical Professor of Diseases of the Eye and Ear.*

This woman comes for an affection of the right eye, and we will ask her to tell her own story. About ten days ago, she says, while sitting by an open window, she suddenly felt a sensation in the right eye, as though some thing had "got into it." Since that time the same sensation has continued.

As we inspect the eye we see that the lids are normal, that the pupil is movable, that the eye waters some, that the cornea is apparently clear, and that the conjunctiva is slightly reddened. That is all we can see by unaided vision. Dr. Webster will now take the patient, with a few of the students, into a room convenient for examining the eye by oblique illumination, and in the meantime we will make some remarks regarding the conditions that may give rise to the symptoms of which this patient complains.

\*A clinical lecture delivered at the College of Physicians and Surgeons, New York.



The play of the wind, as she sat by the open window, may have produced inflammation of the palpebral conjunctiva, and thus there would have been produced a sensation as though there was a foreign body beneath the upper eyelid.

This is one of the characteristic symptoms of conjunctivitis. But why do we have this symptom? What physical change occurs in the condition of the surface of the palpebral, or scleral conjunctiva when that membrane is injected? In the natural state of the parts the few blood-vessels which exist in the scleral conjunctiva are so nicely buried, so to speak, in the texture of the mucous membrane, and the surface is so well shingled over with smooth epithelium, that a perfectly soft velvety surface is formed without leaving any rough projections whatever. The same is true with reference to the conjunctiva that lines the lids. But when this membrane becomes injected a villous, roughened surface is formed, the papillæ become engorged and enlarged, and the pressure which this roughness exercises upon the surface of the cornea produces a sensation as if a foreign body were in the eye, and the common complaint is that "the eye feels as though dust had got into it." It is next to impossible to convince a patient, who is in the first stage of a light conjunctivitis, that there is not dust in the eye.

When a patient comes to you complaining of a sensation as if a foreign body were in the eye, you should first examine the eyeball from every point of view. You should then turn over the eyelids and examine their inner surfaces. And here I am reminded of a source of error to which I would call your attention. A few days ago a case came under my observation which illustrates the point.

The gentleman had had occasional attacks of conjunctivitis for a year or more. He had then a sensation as if a foreign body were in the eye. On turning out the right lower eyelid, all that was revealed to sight was a slight redness of the conjunctiva. But there was something in the way in which the sensation of a foreign body in the eye was exaggerated that made me suspect he had a single inverted eyelash. Ordinarily

he felt as if some irritant was there which was tolerable, but suddenly there would be a cramp-like action of the eyelid, the irritation would grow rapidly worse, and the eye fill with tears, followed by the discharge of a little mucus, and temporary relief. His beard was of a sandy color, his hair was light-brown, and his eyelashes were almost colorless. I looked very carefully along the edges of the lids in search of inverted eyelashes, and saw, on the innermost edge of the lower lid, a slight curving of the inner angle. By allowing a tear to gather upon this inner edge I saw that there was a difference in refraction in different portions of the tear, and it soon became evident that a delicate, decolorized eyelash was there, which instead of growing from the outer edge of the lid sprang from the free edge of its inner border. I turned the lid over and found that this delicate eyelash, which was between the edge of the lid and the eyeball had been so long caught in that position that it had worn a little groove in the edge of the eyelid; the spasmodic action of the orbicularis, from time to time, so long continued, had imbedded the eyelash in the substance of the lid. I removed it and no further trouble was experienced. This patient had been treated in Europe for acute conjunctivitis several times, and it is possible that the eyelash was, on those occasions, the cause of all the trouble. An operation will be required to destroy the follicle which produced the misplaced eyelash.

So, when a patient comes to you complaining of a sensation as though there were a foreign body in the eye, between the eyelids and the eyeball, you may first look for conjunctivitis. Whether this be present or not you should then proceed to examine the eye very carefully to see whether a foreign body be present or not. Scan carefully the whole surface of the cornea and of the scleral conjunctiva and then turn over the upper eyelid and carefully inspect its inner surface. You may then scrutinize the edges of the lids, as I have described, in order to see whether the source of the irritation be an inverted eyelash.

To show that a large foreign body may escape observation, I

will relate the following case: Some years ago a young man came to me, who had hanging from beneath the upper eyelid, a little fleshy mass, polypoid in character, and projecting about one twelfth of an inch below the edge of the lid. He had been under the observation of a very careful general surgeon in this city, who some months before had lifted the upper eyelid and removed a similar growth which was probably about half an inch in length; and, without giving any explanation why such a mass of granulation tissue should be growing from a source above the tarsal cartilage, the patient was dismissed. The mass again began to grow, and finally projected from beneath the upper eyelid. I was determined to trace the growth to its origin before adopting any plan of treatment. So I avoided pressing the growth, and turned the lid wrong side out and then turned it over *a second time* to expose the retrotarsal folds thoroughly.

To turn the lid a second time requires a little special manipulation, and I will demonstrate to you how it is done. I direct my patient to look steadily down to the floor, and then I turn the eyelid once in the usual manner, thus exposing so much of the palpebral conjunctiva as covers the tarsal cartilage. I then press the everted lid up against the edge of the brow and turn it over a second time, as the patient rolls the eyeball strongly downward, so that one may look completely up to the bottom of the conjunctival cul-de-sac.

When I had executed this maneuver, in the case I am speaking of, I saw a foreign body about half an inch long lying close in the bottom of the conjunctival cul-de-sac, imbedded in the mucous membrane. It had caused ulceration, and from the edges of the ulcer the granulation tissue had sprouted, which was hanging behind the eyelid in a polypoid mass, the foreign body having escaped observation. When I removed the foreign body it was found to be the terminal twig of a bush, with one extremity somewhat rounded. The patient then recollected that about eighteen months previously, while going through the woods, he had run against a bush, a branch of which had grazed

the upper eyelid of that eye and broken off, leaving the mass imbedded as described above.

It is a difficult thing to restrain our tendency to make impetuous diagnosis. We like to spring at a diagnosis. We feel pleased with ourselves when we jump at a conclusion, making what is called a "snap diagnosis."

As a curious coincidence, at the very time the case just related was under observation, a case came under my care in which a foreign body was found at the bottom of the inferior cul-de-sac. The foreign body was a leaf-like spray from a pine bush. It had escaped observation for nearly a year.

The patient sent out for examination by oblique illumination has returned, and we have the report that there has been discovered what we failed to see with the unaided eye, namely, an extremely small white speck attached to the surface of the eyeball just below the axis of the cornea. The common method of removing a foreign body of that sort is to use what is called a spud. Bowman invented such an instrument. It is useful when the foreign body is imbedded to any degree in the substance of the cornea. But I would advise you to attempt first to remove the foreign body without resorting to the spud, or to a cataract needle, or any other metallic instrument. You can do so, in most instances, by using an instrument made in the following manner: Take a splinter of soft wood, pine or cedar, and whittle it into the shape of a probe, making it about the length of an ordinary dressing probe. Then take a small, loose flock of cotton, and, laying it upon your forefinger, place the pointed end of the stick in the center of it. Then turn the flock of cotton over the end of the stick, winding it round and round, so as to make it adhere firmly. If you will look at the end of such a probe with a two-inch lens you will see that it is quite rough, the fibers of cotton making a file-like extremity, in the midst of which are little interstices. As the material is soft, it will do no harm to the cornea when brushed over its surface.

When ready to remove the foreign body, have the patient rest his head against your chest, draw the upper lid up with the



forefinger of your left hand and press the lower lid down with the middle finger, and then delicately sweep the surface in which the foreign body is embedded, with the end of the cotton probe. When the foreign body is lodged in the center of the cornea, it is most important not to break up the external elastic lamina, for if you do, opacity may follow, and the slightest opacity in the center of the cornea will cause a serious diminution in the sharpness of vision.

The foreign body is now removed; and as we have handled the eye considerably, and the patient has to go some distance, we will shut the eye with a compress of absorbent cotton and a bandage, directing her to remove the dressings when she reaches home, and to bathe the eye with water at any agreeable temperature.

Sometimes slight injuries of that kind, followed by exposure, lead to considerable inflammation, and it is therefore well to guard against all possibilities by precaution in your dressings.

NEW YORK.

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## A CASE OF TRUE CROUP TREATED BY LARGE DOSES OF MERCURY.

BY O. T. SCHULTZ, M. D.

The systematic use of mercury in pseudo-membranous inflammation of the upper air-passages—diphtheria and true croup—dates back to the eighteenth century, and seems to have originated with American practitioners. I am not able to state in what particular manner mercury was first used by the originators of the treatment, what results they attained, and what evil effects, if any, accompanied its methodical employment. The practice seems to have extended rapidly, as every method of treatment for which good results are claimed in severe affections has always done, and very soon we find the leading clinicians of America, England, Germany, and France lauding it highly.

Two methods of using mercury seem to have been in vogue up to the middle of the present century. In the first it was employed early in the disease either in small, oft-repeated doses, or in a few large doses, in conjunction with mercurial inunction. In the second it was given later in the disease, when either its severity had been broken by antimonials, or after all other means had failed. None, however, of the many and illustrious practitioners who recommended mercury in pseudo-membranous inflammation of the upper respiratory tract had pinned their faith solely to either method, but, regarding mercury simply as an efficient auxiliary, had used it in conjunction with such other means as were in vogue at the time; that is, they had bled and blistered and cauterized and vomited and steamed and cut until their patients were no more, much in the same fashion as patients of the present day do under our own blind though well-meaning hands.

A reaction now set in against the mercury-treatment, and authors became either silent or expressed their doubts of the usefulness of mercury in true croup and diphtheria, or positively warned against its employment, deprecating with Steiner the exhaustion accompanying the continued use of the drug, or maintaining with Mackenzie "that experience has long since taught us that the general influence of mercury on the system rather promotes than checks the spread of the exudation."

Still, even during this period of reaction against mercury, many men of large experience had stood up for the beneficial results to be derived from its use, restricting it, however, like Jacobi, to sthenic cases, with a fibrinous deposit, in which the disease remains local and does not give rise to constitutional symptoms, and absolutely condemning its use in asthenic cases that tend to assume the septic or gangrenous form. These upholders of mercury recommended the administration of *fractional* doses of calomel, often repeated, according to the plan of Albeos (one fourth to one half grain every hour until twenty to thirty grains have been given), the practice of exhibiting *large* doses having fallen entirely into disuse.

Within the last five or six years the mercurial method has entered upon another phase—that of a specific for the germs claimed to lie at the bottom of the pseudo-membranous process—and current literature is replete with reports of cures obtained by the cyanide, the red or yellow iodide, the bichloride, and the mild chloride of mercury. And since within the last year or two the king of germ-destroyers has again been found, and found in *mercury*, we will soon have drifted out of carbolomania into a furor hydrargyricus, and we may soon expect to see the specificity of mercury in this form of inflammation proclaimed as an axiom in therapeutics *ex omnibus cathedris*.

But while the great bulk of practitioners employing mercury in this affection at the present time are doing so on account of its germicide properties, a very zealous and enthusiastic apostle of the practice has arisen in the person of Dr. W. C. Reiter, a physician of high standing in Pittsburgh, Pennsylvania, who attempts to explain the brilliant results he has attained in quite a different manner. Dr. Reiter also believes in the specificity of mercury in pseudo-membranous inflammation of the upper air-passages; but while the believer in germs attributes the disease to a contagium virum, for the destruction of which mercury is the specific, Dr. Reiter holds that this inflammation is due to "too much fibrine in the blood," which condition is produced by the liver having lost its fibrine-destroying power, and that mercury is the specific for compelling the liver to resume this function. Be his theory right or wrong, Dr. Reiter has put it into practice with great boldness, and with astonishing results. And he anchors his faith fully and squarely upon mercury in all forms of pseudo-membranous inflammation—fibrinous, septic, and gangrenous, sthenic and asthenic, and without ever engaging in those delicate subterfuges, steaming, burning, or cutting. His results are reported to be marvelous, and unattended with any unpleasant after-effects, while the boldness with which he pushes mercury makes one's hair stand on end. He administers, after an initiatory dose of twenty grains of calomel, ten grains of this mercurial every hour, with potass. chlorat., five

grains, every three hours, for twenty-four or forty hours, or until improvement sets in, and then continues it in smaller doses at longer intervals until the disease is cured. Reiter and his followers think nothing of giving half an ounce, an ounce, or more of calomel to cases of diphtheria or croup, and claim to have witnessed no bad effects, but to have cured the most desperate cases!

Since few persons have had an opportunity of watching the effects of large and oft-repeated doses of mercury, I will here report a case of true croup, in which I followed out Reiter's method fully and to the letter. The case was in my own three-year-old Rudolph; and as I had lost a very promising child but a few months before from the same disease, you can well imagine the misgivings with which I grasped Reiter's straw.

The boy got well. The course of the disease under the mercurial treatment was exactly as Reiter has so graphically portrayed it; no markedly untoward symptoms appeared, still I beg not to be understood as indorsing the treatment; *I merely gave my OWN child the benefit of a doubt, and I present the case simply as a pharmacological study.*

THE CASE: Rudolph, a remarkably strong child of three and a half years, had been out-doors playing the larger part of March 11th, a day which opened with a morning temperature of 60°, brought several hard rain-showers, and closed with the thermometer at 45°. The temperature on morning of 12th was 35°. The child had been very healthy; had passed through an attack of laryngeal catarrh (pseudo-croup) about two years ago, and had several slight bronchial catarrhs during the present winter. On March 11th he was entirely well, and had been so for more than a month. During the night of 11th-12th he coughed three to four times—a hoarse, hacking cough. On morning of 12th he was quite hoarse; hoarseness wore off during the day; feverish; cough not frequent, but barking; no coryza; no bronchial catarrh. He was given iodine and aconite. By evening breathing had become stridulous; cough not very frequent, but barking; voice clear, except when excited,



when it became raw and coarse. Sleep during night was much broken; seasons of moderately easy respiration, alternating with seasons of laborious, stridulous breathing, almost bordering on dyspneic seizures. During these he tosses about, wakes up, and gasps for breath. On morning of 13th he looks pale; face bloated somewhat; throat swelled. He is not hoarse, but his voice is remarkably weak, flat, without any timbre, and readily creaks; the cough is very hoarse, barking, and more frequent. Respiration is very hurried, composed of crowing inspiration and rough, blowing expiration. A severe dyspneic attack occurred at 8 A. M. No appetite. Patient is feverish; the pulse is very rapid, small, 160-180. The sensorium is greatly dulled; usually a bright, sprightly lad, he lies in complete apathy. The velum palati and the tonsils are somewhat swollen; no membrane within view. No signs of nasal or bronchial catarrh. In larynx there is rattling of dry character. Iodine and aconite (Willehaudt's solution, gtt.  $\frac{1}{4}$ , and fl. extr. aconit. rad. gtt.  $\frac{1}{8}$ , every two hours,) have been diligently kept up since yesterday morning.

It is a fact, established by my experience in hundreds of cases of laryngitis, that under the above combination very marked improvement sets in in all the croup symptoms within a very few hours after the inception of this treatment, and that the few cases that do not yield to these agents, but in which the general and local symptoms get worse and worse during the first twenty-four hours of its use, are doomed to die. The first class contains the many cases of pseudo-croup that annually come into my hands, and which get well under any treatment; the latter represents the few cases of true croup, of which I had so far succeeded in saving not one. So valuable do I consider this line of treatment, when the question of diagnosis lies between false croup and true, and so certain and infallible do I regard it, that I trust in it as implicitly as I do in *quinine* to *differentiate a malarial affection*, and in *mercury and potassium iodide* to *single out a syphilitic trouble*. *Each and every one of my cases of croup that did not respond favorably to the above line of treatment terminated*

*fatally*, although I employed in them the various methods known, except tracheotomy, which I have not yet been permitted to practice.

It may now be readily understood with what mental agony I saw my boy rapidly passing from bad to worse, and how I longed to avert a calamity which experience had shown me to be unavoidable, and which had overtaken his brother a few months before, he dying the most horrible of deaths in my own arms.

In my despair I concluded to try Reiter's method. The treatment was begun at 9 A.M. on 13th. The patient was given calomel: twenty grains at 9 A.M., ten grains at 10, five grains each at 11, 12, 1, 2:30, 4:30, 6:30, 8:30, 10:30, 12:30, 2:30, and 5 A.M. of 14th, being *eighty-five grains* in twenty hours. No other remedial measure was made use of.

During this time his condition was as follows: At 12 M. of 13th he is sleeping quietly, breathing easily; the hard sound in inspiration and expiration is replaced by a soft gurgling or babbling; the cough is loose; large, loose râles are heard in larynx; the surface is warmer than normal, soft but not moist; the pulse is very fast and small. At 2 P.M. profuse vomiting; glairy mucus with yellowish flakes; there is one thin, loose, not fetid passage. At 2:30 no more dyspnea; stridor entirely absent; voice clearer, stronger; cough not frequent, loose, barking. Vomited again at 2:45; water and flakes looking like membrane, bearing occasional clots of blood; a similar vomit at 4, and a thin, loose stool containing flakes of white mucus. At 6 is bright, playful, breathing noiselessly, eats some, which he has not done since yesterday; cough still hoarse, loose; voice clear, possessing some timbre, not much given to creaking. Went to sleep at 8 o'clock, sleeping quietly, breathing normally, without any rattling in larynx or any signs of dyspnea; no fever; an abundant, dark passage, coming on rather hurriedly at 11. From this on he slept soundly and well till morning, his sleep broken only by occasional barking cough and by taking his medicine. At 7 A.M. of 14th he had another dark passage; the voice is clear; cough at times hoarse at times not, loose;

respiration easy and noiseless; some feverishness, and pulse is rapid and small. Hydrargyrum bichlorid., one sixteenth grain, is ordered every two hours; but the second dose causing vomiting in half an hour, the dose is reduced to one thirty-second of a grain. About noon began to complain of frequent attacks of belly-ache. Cough is only at times hoarse, respiration is easy, voice is clear; no appetite, no fever. By 4 P.M. has had two passages; the pain in the abdomen continues, is paroxysmal. In evening the cough appears drier and is more frequent and has the characteristics of bronchial cough; small dry râles are heard now for the first time in both lungs. At 10 P.M. hydrargyrum bichlorid., one one-hundredth grain, and ipecac was begun—a dose every two hours. At night patient slept quietly and well, with scarcely any cough.

At 7 A.M. of 15th somewhat hoarse; appetite better; bright and playful; looks pale and has lost considerable flesh; belly-ache is gone; bowels are normal; cough raw, dry, not hoarse, not severe: mercury and ipecac continued.

On 16th the bronchial catarrh was in resolution; soft, mucous râles had taken the place of the dry sibilant; cough loose, not hoarse; the boy was bright and playful; appetite had fully returned; bowels moved normally. The medication was kept up till 17th, when there was no further occasion for its continuance.

*Remarks:* The change from 9 to 12 o'clock of the first day was something wonderful. Several hours before vomiting occurred respiration had become easy and the obstruction in the larynx softened. Patient was lying in a peaceful slumber, the anxious expression of the morning entirely effaced.

As further proof of the melting away of the exudation we find a few hours later the voice partly resuming its timbre. Quite a change from the weak, dead, flat sound of the morning. The vomited matter evidently contained portions of membrane. The act of vomiting was a sudden and powerful effort. There was not much gagging, and after the stomach was relieved quiet was restored. The vomiting was evidently caused by the mercury. There were but six easy feculent passages in the forty-

eight hours of the mercurial treatment. There was no straining, but considerable tormina set in on the second day, which at once disappeared when the dose of the mercurial was diminished. The bronchitis following upon the croup was evidently equally benefited with the primary disease. The mental hebetude, feverishness, extremely rapid, soft, and small pulse, pale, bloated face, swollen neck, steady increase in the laryngeal symptoms notwithstanding the previous treatment, justify the diagnosis of true croup; and this opinion is confirmed by the flakes of membrane vomited and the course of the disease, corresponding, as it does, in all respects with that described by Dr. Reiter, the originator of this method of treatment.

MT. VERNON, IND.



## Reviews.

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**Opera Minora:** A Collection of Essays, Articles, Lectures, and Addresses, from 1866 to 1882, inclusive. By EDWARD C. SEGUIN, M. D., Clinical Professor of Diseases of the Mind and Nervous System in College of Physicians and Surgeons, New York, etc. New York: G. P. Putnam's Sons. 1884.

During his self-imposed exile in Switzerland the author still makes himself felt in medical circles by this collection of his lesser works. Some of these we have already on our shelves in the volumes of various periodicals, others are filed as brochures, others have been lost to us somehow in the waste of eighteen years. There is not one we are not glad to see bound in substantial covers, indexed for reference. Most of them contain clinical observations, either new or striking; some are physiological and others pathological. Nearly all of them are related somehow to the special branch of neurology, and not a few have had a decided influence in molding professional opinion concerning certain vexed questions of that science.

The name of Seguin is inseparably associated with medical thermometry in America. The contribution on that subject is of interest at least historically. Three articles on the hypodermic uses of quinine, though written sixteen years ago, may still be read with profit. Then follow careful bedside and dead-room studies on aphasia, mania, general paresis, infantile paralysis, and traumatic neuralgia.

In chronological order occurs the author's account of tetanoid paraplegia, which Leyden concedes to be the first description ever written of that symptom-group, and his later article, written six years after, disputing the general belief that it was associated uniformly with sclerotic change in the

lateral columns. As a practical teacher Dr. Seguin appears to have got very near his pupils. Many of his articles were written to clear up the parts of his science which, to the average student, are obscure, and which the text-books fail to make plain. Of these may be mentioned general therapeutics of the nervous system, physiology of the nervous system, localization of central lesions, use of the actual cautery, and methods of diagnosis.

Perhaps the most valuable feature is the clinical character of most of the articles. Nothing in medical literature is so helpful both to the writer and reader as well-studied anomalies at the bedside. Though mindful of the treasures found in books, the true investigator will not content himself without frequent resort to the book of nature. At first hand he sees as no other interpreter ever saw before; perhaps he sees more truthfully and thoughtfully than any other. By much musing upon the anomalies men like Dr. Seguin have done the new work we ask for, and taken the high rank they merit. The present volume has its contents arranged in the order of their original appearance in periodicals, thereby giving an outline of the author's mental history. While some merit may be conceded on that score, if the essays had been grouped according to the subject-matter a more practical form would have been the result. The editor, Dr. Amidon, has not failed to do justice to his task, part of which was to translate all weights and measures into the metric system. Old fogies can't help regretting that in this transition time he did not give the old forms with the new. It is a downright bore to stop and calculate back the doses into the English form we think indispensable.

The hope is indulged, that at sight of this reminder of his past achievements, the author may be lured back to his old field of labor to take up his appointed work with something of his former ardor.

J. W. H.

**A System of Oral Surgery.** Being a treatise on the Diseases and Surgery of the Mouth, Jaws, Face, and Teeth, and associate parts. By JAMES GARRETSON, M. D., D. D. S. Illustrated with numerous steel plates and wood-cuts. Fourth edition, thoroughly revised, with additions. Philadelphia: J. B. Lippincott & Co. 1884.

The first number of the *American Practitioner*, issued now more than fourteen years ago, contained a review of the first edition of Dr. Garretson's work. The reviewer took occasion at that time to call attention to many defects noted in the volume, some of which have been corrected in subsequent editions, but numbers of which are still allowed to remain. But the real merits of the work have been so considerable that in spite of marked blemishes in style and numerous other sins, it has evidently supplied a want—in a word, has proved itself useful. And this, no doubt, was the author's aim in preparing it for the press. This, coupled with the fact that it has reached a fourth edition, should fully compensate its writer for the time and labor he has expended upon it. He has produced a volume which has clearly been serviceable to the members of his own immediate profession, that of dentistry, while at the same time it contains much on jaw and mouth diseases that the general surgeon may consult with profit. The work is profusely and beautifully illustrated, while its make-up is well nigh faultless.

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**A Year Book of Surgery.** For 1883. Edited by CHARLES H. KNIGHT, M. D. New York: G. P. Putnam's Sons. 1884.

The editor of this work has attempted to give in the space of one hundred and ninety-seven pages condensed reviews of some of the more important contributions to surgery in the current literature of the past year. He has certainly succeeded well. Perhaps the very best part of the volume is contained in the introduction from the pen of the editor.

The year 1883 was by no means prolific in additions to surgical resources; but such readers as wish to know what those additions were will nowhere find them so fairly discriminated or so succinctly stated as in the present work. The volume is one of Putnam's Sons' Year Books of Medical Progress, and, should its successors prove equally worthy, the series can not fail to find its place upon the tables of all who study surgical progress. The companion of the present volume is entitled a Year Book of Therapeutics, edited by R. W. Amidon, M. D., and will receive early notice.

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**The Principles and Practice of Surgery.** Being a treatise on Surgical Diseases and Injuries. By D. HAYNES AGNEW, M. D., LL.D., Professor of Surgery in the Medical Department of the University of Pennsylvania. Profusely illustrated. Philadelphia: J. B. Lippincott & Co. London: 16 Southampton Street. 1883.

The third and last volume of the above work is completed, and its author may now indulge in that well-earned rest which he has denied himself for the five years and more occupied in its preparation. The marvel is that he should have been able to execute such a task in so short a period of time. The work presents in a most readable form whatever is best in both the science and art of surgery; and no one competent to judge of its contents can fail to allow that as a system of surgery it has no superior on either side the Atlantic.



## **Clinic of the Month.**

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DIGITAL DILATATION OF THE OS UTERI DURING LABOR.—At the April meeting of the Obstetrical Society of Philadelphia, Dr. Cleemann remarked, on this subject, that he had been taught not to dilate or stretch the os uteri with the finger, and for years this early teaching deterred him from making any attempt to supplement the contractile powers of the uterus by assisting in the process of dilating the os. Some time since he was called to attend a primipara. The waters had been discharged the previous day. The pains had continued, but the os uteri was very small and the cervical rim was hard and unyielding. He felt called upon to interfere actively, and tried to dilate the os with his finger. It softened rapidly, and in half an hour was sufficiently dilated to allow the head to pass, and delivery rapidly followed. Since that occasion he has tried the same procedure in several cases, and always with gratifying results, the labors being brought to rapid terminations where previously hours had been wasted in weary and painful waiting.

The irritable condition of the os, which had been lectured upon as the consequence of such interference, has not been experienced; no injury has resulted in any case. The soft finger can do no more harm, if clean, than a Barnes' or other form of dilator, and there is no danger, as in the case of the latter, of pushing the head aside and converting a vertex into a shoulder or other faulty presentation.

Dr. W. T. Taylor, since he had dared to deviate from the teaching of Professor Hodge, had used his finger to assist the dilatation of the os. He did not do so if the cervix was irritable or its edge wiry.

Dr. Githens had practiced digital dilatation of the os uteri throughout his obstetrical practice, a period of eighteen years.

He does not confine it to any class of cases, nor does he wait until after the membranes are ruptured. In any or all cases he finds that a "pain" is accompanied by a contraction of the circular muscular fibers of the cervix, as well as by a contraction of the longitudinal fibers of the body of the uterus. The contraction of the circular fibers retards the progress of the labor. The intention of the digital distension is to paralyze these circular fibers and thus favor the dilatation of the os. In practice this effect is rapidly produced. One or two fingers are swept around the inside of the cervix, the pulp of the finger being next the cervix, and the latter is pulled away from the head. This operation is kept up during the interval between pains; when the pain occurs the finger is withdrawn, and the operation is repeated in the next interval. The membranes are not ruptured by this process. The irritable condition of the os, if such exists, is subdued. If the rim of the cervix is wiry and thin, or hard and thick, it softens and yields. The cervix and vagina, if hot and unyielding at first, become cool and pliant; cervical tears are almost entirely avoided, and the time, pain, and exhaustion of the labor are reduced to a minimum. The process is useful in every case of labor throughout the first stage.

Dr. Philip M. Schiedt practices digital dilatation largely. His patients say they recognize the assistance it gives them, and in subsequent labors ask the doctor to help them. By the great shortening of the first stage of labor resulting from this method the use of the forceps is frequently avoided.

Dr. Parvin would be sorry to see digital dilatation adopted as a rule for all cases. He thinks it shortens labor by increasing the uterine contractions, and not by dilating the os. Voluntary efforts at bearing down are not needed during the first stage; they are dangerous rather than helpful. The method may be useful in some cases after the rupture of the membranes, which is the natural dilating agent. There is also danger of septicemia from germs on the fingers. He does not think the fingers so good a dilator as the Barnes' dilator, because they do not press equally on all sides of the os, but only on one point at a time,

and thus cause an unequal thinning with danger of laceration. He thought the danger of a change of presentation by the use of Barnes' dilator very slight. He would prefer a mechanical dilator to the finger whenever dilatation was necessary, but thought something ought to be left to nature. Any sort of interference carries a possibility of danger.

Dr. Elliott Richardson thought there was a possible danger of rupturing the membranes. Our authorities caution us about the introduction of the finger into the uterus, and the too early rupture of the membranes.

Dr. Harris remarked that one point had been overlooked. Why does the os not dilate easily when the head is the dilating agent? It is because it is a round surface over which the cervix does not slide easily. On the contrary, the finger is applied at successive points. One benefit of the method is that any change or danger is at once detected. The method should not be used indiscriminately, and we should not interfere unnecessarily.

Dr. Cleemann would not recommend the method in every case of labor. He has resorted to it in cases where there has been early rupture of the membranes, and the assistance of the bag of waters has been lost. In a recent case he had saved a patient hours of suffering, and the os was not bruised or injured in any way. The sight of any instrument causes the patient much anxiety, and the exhibition of the Barnes dilator, and the water, syringe, etc., cause nervous excitement. The bags sometimes burst, and thus give the patient a terrible shock, with the added discomfort of the escaping water or air. He has always carried them, but does not like to use them. (*Journal of the American Medical Association.*)

**MASSAGE OF THE UTERUS.**—The scientific manipulations comprised under the term uterine massage may be divided into four groups: (1) Those intended to benefit lesions of which the seat is easily accessible from the exterior; (2) Those which are applied to all the lower abdominal region, and which often constitute a preliminary operation; (3) Massage of the uterus through the

abdominal wall, and (4) Bimanual massage through the vagina and abdominal wall combined. The cases of the first group are generally in superficial subperitoneal exudations, or else situated in the abdominal walls above Poupart's ligament. Often it is necessary to apply massage to the hypogastric region. The bladder is emptied, and the patient placed upon her back on a resistant surface. The operator catches up and presses between the palm and the fingers the skin and superficial tissues. The whole abdominal wall, as far up as the umbilicus, is submitted to this treatment. Then the deeper tissues are subjected to it. These pinchings should be alternated by frictions with the fingers and palms of the hands, the whole operation lasting five or ten minutes. The skin should be previously oiled, and great delicacy be used in the manipulations. In many cases, the pains appear to be situated in the abdominal wall, and the massage gradually abolishes the sensibility. After this one may, if necessary, apply massage through the vagina and abdominal wall simultaneously. When a hypertrophied uterus, for example, can be grasped between the fingers, the hands may be applied flat on the abdomen, the fingers directed toward the pubis; then by short and steady pressures the masseuse seeks to grasp the uterus and knead it. More often it will be necessary to apply massage through the vagina. The index and middle finger of one hand are introduced into the vagina, and their extremities carried into the posterior cul-de-sac; push the neck forward several times so as to give mobility to the whole uterus. The other hand is placed on the abdomen, and grasps the uterus, the fingers in the vagina serving as a fixed point. When the organ is grasped it is steadily compressed between the fingers of the two hands for several seconds. This is alternated by lifting up the uterus. Then, the two fingers being placed in the anterior cul-de-sac, the movements already described are repeated. The uterus should be grasped as far as possible between the fingers and subjected to intermittent pressure or kneading. Jackson has recommended that the fingers be also introduced into the rectum. Displacements of the uterus, flexions, and versions



have been frequently treated by massage, but without signal success. Better results are obtained in chronic metritis, and especially in cases of old pelvic peritonitis. Massage is positively contra-indicated in any acute accidents or a tendency toward acute manifestations. (*Journal de Med. de Paris*; Medical News.)

HYDATID CYST OF THE LIVER PERFORATING THE DIAPHRAGM AND INVADING THE THORACIC CAVITY.—John T., aged seventeen, was admitted into Addenbrooke's Hospital in May, 1882. Ten weeks before he was hit on the breast with a milk-pan; an hour later he complained of a stabbing pain in the epigastrium, increased by breathing. For a week he felt feverish and lost his appetite, and he had had slight cough and shortness of breath ever since. There was marked bulging of the right chest, the intercostal spaces being obliterated, and the movement during respiration much diminished. There was absolute dullness over the whole of the right chest; respiration was tubular and distant. The heart was displaced to the left. The liver-dullness extended two inches below the thoracic margin. The urine contained a trace of albumen. On May 24th, nearly five pints of bile-stained fluid were drawn off by paracentesis; and, in July, thirty-two ounces of bile-stained serum. He left the hospital on August 9, 1882, and attended as an out-patient until September, 1883, when he was re-admitted. There was much dyspnea, but no cough or night-sweats. He was much emaciated and cyanosed. The right chest was much distended with fluid. After admission the right side was tapped, and forty-eight ounces of glairy yellow opaque fluid drawn off, containing bile-pigment and small globules. The fluid coagulated on boiling but did not contain any hooklets. On October 5th, a large-sized trocar was introduced, and some more fluid drawn off, containing numbers of hydatid cysts from the size of a pea to a marble. The patient died suddenly the next day. The post-mortem examination revealed an enormous hydatid cyst on the upper surface of the liver. The cyst occupied the space between

the liver and diaphragm and was adherent above the diaphragm, communicating through it with the right pleural cavity by a round orifice admitting three fingers. The cyst and the right pleural cavity were filled with hydatids of different sizes. There was much displacement of the mediastinum; the anterior third of the left chest was invaded by the distended right pleura. The right lung was flattened and contained a few hydatids. No hydatids were found elsewhere. Dr. Bradbury thought the case was a good illustration of the great difficulty of differential diagnosis between pleural effusion and hydatid disease. (Dr. Bradbury, in *British Medical Journal*.)

**KREOCHYLE.**—Kreochyle is a new preparation of meat, made at the suggestion of Prof. Barff, and intended as a dietetic remedy in cases of acute disease, vomiting of pregnancy, aggravated dyspepsia, infantile diarrhea, and similar conditions. The following analysis has been made by Dr. North, lecturer on physiology at the Westminster Hospital:

	Grams per liter.
Soluble albumen, . . . . .	35.125
Potash, . . . . .	14.19
Phosphoric acid, . . . . .	2.016
Nitrogen, in the form of kreatin, kreatinin, etc., . . . . .	2.4998
Chlorides, . . . . .	6.186

The residue of meat, after having been used for the preparation of kreochyle, consists of

	Per cent.
Soluble albumen, . . . . .	nil.
Phosphoric acid, . . . . .	.704
Potash, . . . . .	.181
Together with all the fat, fibrin and gelatine.	

Kreochyle, therefore, is superior to beef tea, as it contains not only the extracts but a large amount of albumen. It is pleasant to the taste, and has proved valuable in the hands of many practitioners. (*Birmingham Medical Review*.)

A CASE OF APHASIA, with integrity of the third left frontal convolution, but with damage of the subjacent white matter, is recorded in the *Gaz. Médicale de Paris*.

RING-PESSARY REMOVED AFTER FOURTEEN YEARS' IMPACTION. Dr. Herbert Renshaw reports the case of a lady complaining of severe pains in the back and legs and unpleasant vaginal discharge. She was also obliged to pass her motions in the upright position, owing to the intense pain caused by any attempt to relieve the bowels in a sitting posture. On examination a smooth, raised fleshy ridge was found, running from before backward, on each side of the vagina, terminating before and behind in a rough semicircular ridge. Fourteen years previously the patient suffered from a troublesome bearing down. She consulted a "wise woman," who introduced a ring and asserted that it would never require to be removed. For many years she obtained great benefit from this support. The ring was removed by shelling it out from the fleshy overgrowth by picking through with the fingernail. Half an hour after the operation all her pains disappeared. (British Medical Journal.)

SPLEEN REMOVED BY ABDOMINAL SECTION.—The patient was a woman, aged forty-seven. Two years before the enlargement was first noticed, and she had been under medical treatment ever since without any good result. Her life had become a burden, and she was, when seen, unable to move in bed without assistance. The urine was normal, and the blood showed no increase of white corpuscles and well-formed red ones. The tumor extended from the fifth rib to Poupart's ligament on the left side to two inches below and to the right of the umbilicus. The operation was performed by a central incision of twelve inches. Not much blood was lost, and the chief pedicle was secured by a wire clamp. After the operation she rallied well and was quite cheerful, but retching became troublesome. Seven hours later signs of collapse began, and she sank rapidly. The spleen weighed eight pounds three ounces, and was simply hypertrophic. A necropsy showed about a pint of blood-clot in the abdominal cavity, with a loose ligature-band lying on it; but no open vessel was found. The pedicle was quite secure. (British Medical Journal.)

RECOVERY FROM EXCISION OF THE TONGUE AND SUBLINGUAL GLANDS.—Mr. Whitehead showed a man, at the meeting of the Manchester Medical Society, aged fifty-four, whose tongue he had removed in July. The disease was extensive, and the sub-maxillary glands were infiltrated. He had excised the tongue in the first instance by his usual method; and two weeks afterward removed the glands by a submental incision. His reasons for dividing the operation into two stages were based upon his experience in dealing with primary epithelioma and secondary infiltration of glands in other regions of the body. For instance, in two cases he had excised the whole chain of inguinal glands several months after amputation of the penis for epithelioma; the patients still remaining apparently free from the disease, respectively one and two years after the operations. From these and other facts, he inferred that the malignant cells, in their migration from the primary disease to the glands next in order, were, in some instances, inactive in transit through the intermediate lymphatic channels. (*British Medical Journal*.)

PHTHIRIASIS OF THE EYELIDS.—Dr. Santos Fernandez, of Havana, relates several cases of this affection observed by him in patients applying at his ophthalmological clinic. The parasite was always the *Pediculus pubis*, which was found at the base of the eyelashes, which were covered with its nits. The symptoms of this blepharitis are an intolerable itching, worse at night, and, consecutive to this, an inflammation of the palpebral conjunctiva. The affection might readily be taken for a more grave disease unless a careful inspection by the aid of a lens were made of the edges of the lids. The treatment consists in the application of yellow precipitate ointment and a weak lotion of bichloride of mercury. (*Le Courier Médical*.)

HOW TO DISGUISE THE TASTE OF TINCTURE OF IRON.—Dr. Haner recommends that tincture of sesquichloride of iron be mixed with simple syrup, and then with milk. This mixture will not affect the teeth, nor will the styptic taste be apparent.



MYXEDEMA.—At a meeting of the Clinical Society of London, on November 23d, an interesting debate took place upon the subject of myxedema, in which Sir W. Gull, Dr. Ord, and other observers whose names have been associated with our knowledge of the disease took part. A valuable communication was made by Dr. Felix Semon of a series of cases of myxedema occurring after extirpation of the thyroid gland, by Prof. Kocher, of Berlin, who, not being acquainted with the disease as such, had described his cases as a peculiar form of cachexia: in sixteen instances of complete removal the myxedematous changes had been observed, while in the cases of partial removal the results upon the general health had been satisfactory. The previous belief in the intimate connection existing between the loss of the thyroid gland and the development of myxedema was undoubtedly strengthened by the evidence which the discussion called forth, but it was no less evident that there are at present no facts extant by which the nature of that connection can be determined. (Medical Times and Gazette.)

FIRST LUNG RESECTION IN ITALY.—Ruggi recently performed this operation on a woman, aged thirty, who had phthisical cavities in the upper lobe of the right lung. She also had fungous arthritis of knee-joint. The second and third ribs were resected, with their cartilages, for about two and four fifths inches; the pleura was opened and separated from the lung without any respiratory or circulatory troubles. The whole of the upper right lobe was removed by means of Billroth's pincers. The temperature and respiration became normal after six hours. The patient died on the ninth day of carbolic-acid poisoning.

Mosler, in commenting upon this case, declares that while traumatism, bronchiectatic caverns, and gangrene may be legitimate excuses for this operation, tuberculosis is not. (*Centralbl. f. klin. Med.*)

TO DISGUISE the odor of iodoform, Dr. Philip Leidy recommends oil of citronella (two drops to the dram).

**SURGICAL TREATMENT OF HOPELESS CASES OF MASTURBATION AND NOCTURNAL EMISSIONS.**—Timothy Haynes, M.D., Concord, N. H., writes: Like many others in general practice, I am frequently called upon to care for the victims of self-abuse. While I always strive to help this perverted state of the mind by advice and treatment, by counseling marriage, perhaps, and at times even the immorality of a mistress, still there are cases so utterly desperate, so destroyed mentally and physically, that I have been led to face the question, Can not help be given at the expense of the procreative powers? The scar of castration is a stigma. It was with a view of avoiding this deformity that I was led to remove parts of the spermatic ducts in place of the testicles. The operation, which was the same in all three cases reported, was as follows:

An incision midway between the external inguinal ring and the testis laid bare the duct, from which a half inch was resected, and the slight wound closed by sutures. By this simple operation, leaving behind it no deformity of the genitals, we have succeeded in all three cases in improving the mental and physical condition of our patients, while the sexual appetite was as effectually destroyed as by castration. (Boston Medical and Surgical Journal.)

**ALTHEA, OR MARSH-MALLOW, IN PALMAR PSORIASIS.**—An obstinate case of palmar psoriasis, cured by an ointment of althea after all other means had proven ineffectual, is reported by Dr. F. C. Berry, in the London Practitioner. Althea is a demulcent of great value. The ointment is made by cutting the fresh leaves into small pieces, stirring them in lard, boiling the mixture for half an hour. It is then strained and allowed to cool, after which it is ready for use.

**FLATULENT DYSPEPSIA.**—The sulpho-carbolate of sodium, in thirty-grain doses given after meals, is recommended in flatulent dyspepsia. Also in ten-grain doses for nausea and vomiting, particularly in pregnancy.

LACERATED PERINEUM.—In an excellent article in the *Journal of Obstetrics*, Dr. Alloway reaches the following conclusions:

1. Examine carefully, with your eyes, every perineum after removal of the placenta. If lacerated to more than a quarter of an inch, apply the suture.

2. Use one of Emmet's long, straight perineum needles, with a silk suture. By the aid of a holder, force the needle through the skin on the left side of the tear, half an inch from its edge, at any point between the beginning and the end of the tear, but the nearer to the beginning, that is, the higher up, the better will be the result. Now, with the two fingers of the left hand in the rectum, press up the rectal wall and recto-vaginal cellular tissue, so that the needle can be rapidly though steadily made to glide beneath this tissue and over the rectum, hugging the latter as closely as possible, to make its exit at a corresponding point on the opposite, or right side. In tying the suture, avoid doing so too tight, as it is a good plan to allow for swelling, which generally lasts for some days.

3. Be sure that the needle in no part of its course makes an exit in the vaginal surface; if so, you will probably have a pus pocket.

4. The operation is very simple, and can be performed by any physician of ordinary experience.

5. The after-treatment consists in washing out the vaginal passage night and morning with any antiseptic solution the physician is accustomed to use. But he must do it himself; the nurse would be as likely to pass the tube below as above the suture, and kill all your joy. As regards antiseptics, I use in such cases a solution of corrosive sublimate ( $\frac{1}{2000}$ ) once in twenty-four hours, administered at night. I find this solution as handy and harmless as carbolic acid. Tell your chemist to make a two-dram alcoholic solution of hyd. bichl., each dram of the solution to contain seven and one half grains of the salt. One teaspoonful of this mixture added to a pint of water will give, almost to a fraction, one part in one thousand. I have used this solution in cases of metria three times in the twelve

hours, for two consecutive days, without any evidence of toxic effects from absorption. It is probably due to the formation of insoluble albuminate of mercury, which seals up all breaks in the surface for a time.

6. The suture had better be allowed to remain *in situ* for nine or ten days. I am strongly in favor of the silk; the wire suture is likely to produce a bleeding point or two on removing it. This accident might prove troublesome from absorption, which is so active at this period of convalescence.

7. The nurse is the only assistant you will require, and is, of course, in your confidence.

TWO CASES OF ANEURISM OF THE PULMONARY ARTERY.—The first was that of a laborer, aged forty, who had suffered from a cough for twenty years; seven months before admission to the hospital he had had hemoptysis, and three weeks before he had suffered from pain in the left mammary region, and had lost much flesh. For the last twelve days of his life he had brought up half a pint of blood each day. After death the right lung was found to be emphysematous, the left was universally adherent. Its upper lobe contained a cavity as large as a Tangerine orange, in which there existed an oval aneurism the size of a walnut. The aneurism presented an irregular triangular rent, and was lined with laminated clot; it had contracted adhesions. The second case was that of a seaman, aged twenty-one, who had formerly been in the army. He had suffered from hemoptysis and cough. On admission into the Victoria Park Hospital, phthisical disease of the right apex was discovered, with ulceration of both vocal cords. Hectic fever of well-marked character persisted throughout his illness, although for a long period he continued to bring up large quantities of blood. It was estimated that he must have lost more than twenty pints of blood during the last few weeks of his life. After death the left lung was found adherent at the apex, but emphysematous elsewhere. A sinuous cavity existed in the anterior part of the lower lobe. The right lung was adherent, the lower lobe collapsed, and a



loculated empyema existed near the base. The aneurism had ruptured by a small linear slit. Dr. West divided fatal cases of hemoptysis according as the blood proceeded from the trachea and bronchi, or from the lungs. His cases belonged to the latter class, and the literature on the subject was meager. Out of twenty cases Dr. West only once failed to find an ulcerated pulmonary vessel to account for the fatal hemoptysis. Aneurisms of the pulmonary artery were generally small, not larger than a small cherry, rarely multiple; they occurred in the large branches of the arteries, in chronic cavities or their trabeculæ. There was no relation between the size of the cavity and the presence of an aneurism. Their development was due to want of support of the vessels. They were not to be diagnosed till severe hemorrhage had set in. They affected no particular age. (Dr. Samuel West, in *Medical Times and Gazette*.)

**MEDULLARY SARCOMA OF THE SKULL IN A CHILD.**—Mr. F. B. Jessett reports, in the *Medical Times and Gazette*, a case of this sort in a child nine months old. A small lump had been noticed on the right temple one month before she came under observation. This had grown rapidly, and when the child was first seen was the size of a chestnut, somewhat tense and semi-elastic. The veins over it were very much enlarged. The child's father and his sister were the subjects of multiple lipomata. There was a history of phthisis on the mother's side. No history of any blow obtained. The tumor rapidly grew, and was punctured, but only bloody serum was obtained. A second tumor appeared and grew into the first. Proptosis of the right eye gradually came on. Death, preceded by convulsions, took place five weeks from the onset. The tumor involved the parietal bone and the temporal and malar bones, the zygoma and the roof of the orbit. A similar mass was found on the inner side of the left parietal bone, bound down by the dura mater. The right hemisphere of the brain was much compressed, and showed considerable depression. The tumor was soft, very vascular, reddish-purple, with fibrous bands passing through it. No sec-

ondary growths in brain or any of the viscera. The lymphatic glands were not affected. The only cerebral symptom during life had been frequent sighing. He believes the growth had started in the substance of the parietal bone, and grown outwardly and inwardly. The history of benign growths on the father's side was a point of great interest.

INFLUENCES OF DISEASE ON THE SIZE OF THE HEART.—From the Practitioner we learn that this subject has been investigated by Dr. Spetz. He finds that in typhus there is no characteristic change in the dimensions of the heart and the large vessels; the same is the case in puerperal pyemia. In phthisis the heart is diminished, and especially the left ventricle. The right ventricle is often somewhat diminished, but not in proportion to the diminution in the weight of the body. It is sometimes even hypertrophied, but not as a rule. The ratio between the depth of the left ventricle and circumference of the aorta is diminished, and as this is not compensated for by hypertrophy of the muscular walls of the ventricle, there is a diminution in the arterial tension. Consequently the pulse in phthisis is soft and small. In cancer the depth of the left ventricle is still more diminished than in phthisis, and the right ventricle is affected almost as much as the left. In granular kidney both ventricles increase very much, but especially the left. The aorta is not correspondingly dilated. In consequence of this the tension in the arteries is very greatly increased. In myocarditis, also, the heart is dilated and hypertrophied, but the left and right ventricles are almost equally affected. In chronic emphysema both ventricles are much dilated, with very little thickening of the muscular walls. Both ventricles are nearly equally affected. The pulse is full, but small and languid. (*Medical and Surgical Reporter.*)

MIDZU AME is a preparation which is said to closely resemble the extract of malt, has an enormous consumption in Japan, and is an efficient substitute for cod-liver oil. It has proved very useful in phthisis.

MICROSCOPICAL EXAMINATION OF THE SYMPATHETIC GANGLIA IN A CASE OF EXOPHTHALMIC GOITRE (Dr. Wm. E. Hughes).—The cervical ganglia were to the naked eye enlarged and grayish, but not hard. On microscopical examination they were found densely infiltrated with small round cells, which pushed the nervous elements apart and pressed upon them. The tubules were compressed, distorted, and in some places destroyed. In some places they were infested with a pseudo-membrane of small, round cells, looking as though there might have been a slight inflammation of the tubules. The cells were in places indistinct, shriveled, and compressed, their nuclei not discernible; in other places they were granular with indistinct nuclei; in other places they were crowded with brown pigment cells and granules; and, finally, some of them had entirely disappeared. The walls of the arterioles were thickened. The lymph spaces were dilated.

In the semi-lunar ganglia the cells were indistinct, taking staining very poorly, and some of them seemed to have undergone a slight amount of peculiar hyaline change. The nuclei and nucleoli took staining well, and were perfectly distinct. The structure was otherwise normal. There was no infiltration of cells nor any enlargement of the vessels. The supra-renal capsules were normal. (The Alienist and Neurologist.)

GASTROTOMY AND DILATATION OF THE ESOPHAGUS AND PYLORUS.—On October 24th last Professor Loreta performed, at the surgical clinic of Bologna, a new and important operation in dilatation of the esophagus from the stomach. The patient was suffering from stricture at the lower third of the esophagus, produced by extensive cicatrization, the consequence of swallowing caustic potash. The site, nature, and degree of the stricture were such as to render useless any operation undertaken by the mouth. The patient was reduced to an extreme degree of emaciation from the impossibility of taking sufficient nourishment. Gastrotomy was performed, and a passage secured for the introduction of the dilator into the stomach; it was then

pushed up the esophagus, and the stricture thoroughly dilated. The operation only lasted half an hour, and was most successful; on the first day the patient was able to swallow food easily. The incisions united by first intention; there were no signs of peritonitis; and on the fourteenth day the patient was well. The sound passed without difficulty, and probably its periodical employment will render the cure permanent. On November 4th Prof. Loreta also successfully performed dilatation of the pylorus in a young woman aged twenty-six. (*British Med. Journal.*)

NON-SPECIFIC VAGINITIS IN OLD WOMEN.—A form of vaginitis, occurring in women advanced in years and free from any suspicion of sexual relationships, is described by Dr. Després. It is dependent upon an incomplete incontinence of urine. The muscular walls of the bladder being atonic, the organ is never completely emptied, and the residual urine excites vesical catarrh. This leads to incontinence, and during sleep, particularly when the patient lies on her back, the urine trickles down into the vagina. There its presence sets up an inflammatory process, the more readily as the urine itself in these cases always contains a large quantity of pathological products. (*Med. Record.*)

ARNOLDOFF ON ERGOTIN IN DELIRIUM TREMENS.—In the *Vratch*, Dr. A. Arnoldoff draws attention to the great value of ergotin as a remedy for acute and even chronic alcoholism. From his seven cases, treated by internal administration of the drug, it may be seen that sleeplessness usually disappears after a few first doses, and delirium entirely ceases after one grain or one and one half grains of ergotin has been taken. In a case of chronic alcoholism of six years' standing the following mixture was successfully administered, Ergotin, two grains; bromide of potassium, one dram; water, eight ounces. A tablespoonful to be taken every hour and a half or two hours. Recovery (that is, disappearance of craving, of insomnia with night hallucinations of sight and hearing, tremor, and sickness) followed after taking four grains of ergotin. (*London Record.*)



EPILEPSY ARISING FROM NARROWING OF THE VAGINAL PORTION OF THE UTERUS.—Professor von Nussbaum, after vainly employing the usual remedies, has often found as a cause of epilepsy a narrow pointed and sometimes cartilaginous vaginal portion; and he observed the disease to disappear after dilatation by means of Ellinger's forceps or a bistoury. In such neuroses, the physician should above all think of a disease of the uterus, and he would often obtain surprising results from a careful examination. A lady, for seven months, regularly had a "laugh cramp" at two o'clock every morning. Every thing was tried in vain; finally, an examination with speculum showed an ulcer on the vaginal portion. A single cauterization with nitrate of silver sufficed to ease the disease. (Medical and Surgical Journal.)

A READY MEANS FOR CAUTERIZING POISONED WOUNDS.—Dr. Moser recently presented to the Paris Academy of Medicine a little invention of his which he called the *crayon-feu*, for ready use in the application of the actual cautery to poisoned wounds from the bites of venomous snakes, mad dogs, etc. It consisted in a little cylinder with sharpened extremity, inclosed in a case which also contained matches for lighting it. The composition of the stick is as follows: Powdered charcoal, 30 grams; nitrate of potassium, 4 grams; iron powder, 5 grams; benzoin, 1 gram; agglutinating powder, q. s. To be made into forty crayons. These sticks are hard and burn readily and for a sufficient time to cauterize the wound. (*Journal de Médecine de Bruxelles.*)

BROMIC ETHER IN WHOOPING-COUGH.—Dr. Squire recommends a solution of bromic ether in water (1 to 200) for administration in whooping-cough, as well as for angina pectoris and spasmodic pain. (Medical Record.)

SPONGING the surface of the body with a solution of quinine in alcohol—one dram to the pint—is now recommended for excessive sweating. It is a remedy that has long yielded us good results.

POMADE FOR COMEDONES.—Una, in the St. Louis Medical Journal, says that Virchow's Archives recommended the following for comedones: Kaolin, four parts; glycerine, three parts; acetic acid, two parts, with or without the addition of a small quantity of some ethereal oil. With this pomade he covers the parts affected in the evening, and if need be during the day. The comedones can be easily expressed after several days, most of them coming out by washing the parts with pumice-stone soap. (Chicago Medical Review.)

FRACTURE OF THE SKULL BY CONTRE-COUP IN THE FETUS.—This accident has been hitherto regarded as impossible, owing to the peculiar formation of the cranium of the new-born. Dr. Pericle Sacchi has, however, recently made some experiments (*Journal de Médecine de Paris*) which go to prove that fracture of the skull may, under certain conditions, be produced by contre-coup in the fetus.

TREATMENT OF GONORRHEAL RHEUMATISM.—Dr. Herschell states that he treats rheumatism, whether due to gonorrhea, by fluid extract of manaca (*Franciscea uniflora*) in five-minim doses every three hours, with results in most cases equal to those obtained by salicylate of soda. In some instances manaca succeeded when the salicylate had failed.—*Arthur Cooper, in London Record.*

FOR CHAPPED HANDS AND FROSTED FEET.—Dr. Carl Seiler (Polyclinic) calls attention to the value of tincture of benzoin in the treatment of chapped hands and frosted feet. It is applied by simply painting it on the skin. The stockings may be prevented from sticking to the feet by rubbing some oil over the benzoin.

SODIUM SULPHO-CARBOLATE IN FLATULENT DYSPESIA.—Thirty-grain doses of sodium sulpho-carbolate, taken after meals, have been recommended in flatulent dyspepsia. For vomiting and nausea, ten-grain doses of the same salt are said to answer well. (Drug News.)

LOCAL TREATMENT OF ERYSIPELAS.—An epidemic of fifty cases of erysipelas gave Polyányi an opportunity of making comparative observations of different methods of treatment. The best results were given by applications of freshly-prepared sulphurous-acid solution, made carefully every two hours over every part of the affected surface. J. Andeer prefers a fifty- to eighty-per-cent ointment of resorcin. (*Wiener Med. Presse.*)

TURPENTINE-ODOFORM.—De Renzi recommends a solution of iodoform in turpentine as an efficacious inhalant in pulmonary disorders, in phthisis especially. He has used this mixture for some time with very good results. Five or six drops of the solution are used every two hours, placed on a piece of wadding in an inhaler. (*L'Imparziale.*)

PARENCHYMATOUS INJECTION OF ERGOT IN SPLENIC ENLARGEMENT.—Fenoglio recommends the injection of ergot in cases of splenic enlargement due to malaria. He recommends Bonjean's ergotin, dissolved in hot water, injected before the midday meal, while the stomach is empty. (*Centralbl. f. d. Med. Wissensch.*)

CONGENITAL ENLARGEMENT OF THE LIVER, due to intermittent fever of the mother during pregnancy, is reported by Dr. J. C. Peters, of New York. The girl—now a young woman—still has enlarged liver, but is in excellent health. There was no enlargement of the spleen.

DEPAUL recommends the administration of iodide of potassium during pregnancy, in cases of contracted pelvis, with a view of lessening the size of the child.

## Notes and Queries.

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THE UNIVERSITY OF LOUISVILLE—MEDICAL DEPARTMENT.—The vacancy in the chair of the Theory and Practice of Medicine in this institution, occasioned by the death of Dr. L. P. Yandell, has been supplied by the Board of Trustees by the transfer of Prof. Holland from the chair of Materia Medica and Therapeutics to that of the Theory and Practice of Medicine. Prof. Holland, having for many years past applied himself to clinical work in hospital and dispensary, may justly be regarded as bringing to his new post every quality necessary to insure the same striking success which has distinguished his teachings in other branches.

Prof. Turner Anderson, M. D., has been appointed to the chair of Materia Medica and Therapeutics in the University. In order to accept the position he will resign, at the end of the present session of the Kentucky School of Medicine, which occurs in June, the professorship of the Theory and Practice of Medicine which he now holds in that school. Prof. Anderson is a practitioner of large experience and is extensively known as a popular, forcible, and instructive teacher.

Dr. H. A. Cottell, so long before the classes of the University as the very capable, industrious, and acceptable demonstrator of Chemistry and Microscopy, has been appointed to the professorship of Medical Chemistry and Microscopy.

The above changes in and additions to the faculty afford abundant proof to the alumni and other immediate friends of the University that the trustees are fully alive to its interests, and, though death has removed in the past few years three of its most acceptable teachers, that the University is still able to find in its own corps and to draw from other sources gentlemen of well-known character and eminent teaching abilities.



**SIMS MEMORIAL FUND.**—The friends of the late Dr. J. M. Sims propose to erect a suitable monument to his memory. To this end a committee, of which Dr. Fordyce Barker is President and Dr. Geo. F. Shrady is Secretary, has been appointed, with representative gentlemen in every part of the country. Contributions of one dollar and upward are solicited, and all such contributions may be sent to the care of the AMERICAN PRACTITIONER, or directly to Dr. Shrady. The originality, the zeal, the devotion, the good done to humanity by this wonderful man make such a tribute eminently proper. In furtherance of this object it would be well if the various local medical societies would take up the work.

**NEW YORK NEUROLOGICAL SOCIETY.**—At the annual meeting of the New York Neurological Society, held April 1, 1884, the following officers were elected for the ensuing year: President, William J. Morton, M. D.; first Vice-President, C. L. Dana, M. D.; second Vice-President, George W. Jacoby, M. D.; Recording Secretary, E. C. Wendt, M. D.; Corresponding Secretary, W. M. Leszynsky, M. D.; Treasurer, E. C. Harwood, M. D. Councillors, E. C. Seguin, M. D., L. Weber, M. D., T. A. McBride, M. D., W. R. Birdsall, M. D., G. M. Hammond, M. D.

**THE ANCHORAGE ASYLUM.**—Dr. R. H. Gale, the superintendent of this institution, having tendered his resignation to Gov. Knott, to take effect May 1st, Dr. H. K. Pusey, of Louisville, has been appointed to the vacancy. Dr. Pusey practiced his profession until a few years back at Garnettsville, Kentucky. He is the elder of a family of physicians of high standing in the State, and will carry with him into his new work industry, conscientiousness, kindness, experience, and skill.

Gov. Knott could not have made a better selection for the place, or one that will be better received by the profession or the general public of the State.

It will be a matter of regret to the friends of the late superintendent Dr. Gale, to learn that his health, poor for many months past, shows no signs of improvement.

While the foregoing was passing through the press, a telegram was received conveying the sad intelligence of the death of Dr. Gale. He died of cancer of the stomach—a disease which had made the last year of his life a burden.

Dr. Gale was extensively known throughout the State. As a physician he was extremely popular; as a man he possessed great force of character and a remarkably developed faculty for attaching men to him. His death was not unexpected, though it will be none the less deplored by a large circle of friends.

TRIBUTE TO THE LATE JAMES MARION SIMS, M. D., LL. D.—  
Dr. W. O. Baldwin, of Montgomery, Alabama, who began professional life in the same town with Dr. Sims, thus spoke of his dead friend, who when living he had known and loved so well:

“He was not only a man of genius, but he was a lovable man, full of personal magnetism, full of kind and tender instincts, alive to the romance that redeems life from common-place and routine, and abounding in those high impulses which make their subjects benefactors because they are enthusiasts in the pursuit of truth. No man could be an hour with him and not feel the simplicity and fervor of his nature, the straightforwardness of purpose and intent which went into all his intercourse with others, and the absorption of his whole being in the work he had set himself to accomplish.

“Starting amid the sloughs and swamps of Alabama, having for his patients the most humble in the land, often spending his nights by the bedside of the sick found in the slave huts of these localities, without family influence, himself poor and with nothing to aid him save a strong will and a careful preparation combined with a devotion to purpose, he rose by the splendor of his own genius above all obstacles, and before he has reached the meridian of life, we find him one of the acknowledged discoverers and benefactors of the world, and ranking as one of the foremost men in his own country. A few years later we hear of him in all the great capitals of Europe; sometimes the guest and pet of Emperors, often receiving honors and distinctions

from learned and enlightened scientific bodies, courted by the *elite* of his own profession, sought by the nobility and receiving titles and decorations from courts representing and boasting the foremost civilization the world has ever known.

“He had a handsome face, with a benevolent, lively and winning expression of countenance, dark eyes, chestnut hair, figure erect, slender, and boyish-looking, mercurial in his disposition, enthusiastic in his pursuits, unaffected in his address, kind in his deportment, and always willing to do or say something to make others feel pleasant and happy. With these traits he possessed more personal magnetism than any man I ever met. It seems to me I can see him at this very moment with his captivating, boyish tricks, and his other engaging levities, which being practiced only on a proper occasion, never failed to make him a most charming companion. One of the pictures of his daily life here, now most vivid upon my memory, is that one when I have seen him seated in his curiously fashioned buggy, which he playfully called his ‘Grecian Galley,’ with his mettlesome little sorrel mare between the shafts, with her shining red coat, her gay white face, and her sinewy white legs, looking as proud as Juno. I think he called her ‘Kitty Jumper.’ His buggy was indeed a queer and notable looking little land craft—and, by the way, was the first four-wheeled vehicle ever used in Montgomery for the purpose of practicing medicine. At first this was quite a displeasing innovation upon the customs of our staid old physicians, as previous to that time we had all been going on horse-back with doctor’s saddle-bags, or in the old-fashioned two wheeled sulky, and considered these the proper paraphernalia of a physician as he was seen going his daily rounds. We soon, however, found this innovation of the young doctor to be only a marked improvement upon our primitive mode of locomotion, as the world has since done with his innovations upon science—except that we could never come quite up to the style and fashion of this particular vehicle, which probably never had a duplicate.

“Thus seated in his buggy, with his little negro boy by his side, and panoplied with a medicine box and case of surgical in-

struments at his feet, I well remember the picture as it used to pass rapidly to and fro in our streets, with the doctor's whip nervously waving over his little favorite, as if he did not intend to lose any practice through the lazy habit of slow driving."

Dr. Sims's return to Montgomery, after an absence of twenty-five years, was made the occasion by the profession of that city of a banquet to their distinguished guest, at which he spoke thus simply and touchingly of his first years in that city:

"When I came among you I was young, inexperienced, in bad health, and very poor. I had nothing whatever to recommend me—nothing but honesty, industry, and determination to succeed. You received me kindly and with the greatest hospitality. You were to me good Samaritans. You literally fulfilled toward me the command of our Savior, for 'I was naked, and ye clothed me; an hungered, and ye gave me to eat; thirsty, and ye gave me drink; I was sick, and ye visited me,' and if I had been in prison I am sure you would have liberated me as soon as possible. Your Crommelins and your Pollards gave me houses to live in till I was able to procure one for myself. Your merchants gave me credit for food and raiment for my family when I had not a dollar in the world to pay for them."

From a memoir of this lamented gentleman, prepared by his friend and long time associate, Dr. Thomas Addis Emmet, of New York, we make the following extracts:

"James Marion Sims sprang from the Scotch-Irish stock who settled up the frontiers of North Carolina and Eastern Tennessee.

"In Lancaster District, South Carolina, Dr. Sims was born, January 25, 1813. Of his boyhood I have heard him state that he was a good boy, but a dull one at school—scarcely a just criticism, I think. He may have been wanting in application, but, if the man was any indication of the boy, there could have been no time of his life when he would be dull in any sense of the term. In 1832 he closed his academic studies, and received the degree of Bachelor of Arts from the College of South Carolina, at Columbia. He began the study of medicine in the office of Dr. B. C. Jones, a practitioner of Lancaster, and his



first course of lectures was taken in the Medical College of Charleston, South Carolina. The following year he received his degree from the Jefferson Medical College, Philadelphia.

"In July, 1845, Dr. Sims was called to a patient who had been thrown from a carriage and was suffering from a retroversion in consequence of the accident. During his effort to restore the uterus he placed her in what is now termed the 'knee-and-chest position;' but, finding that he could not readily reach the womb with the index-finger alone, he introduced the second one, with the immediate effect that he could then neither touch the cervix nor the walls of the vagina, and, to his surprise, she announced that she was entirely relieved. To this accident, and to the dilatation of the vagina when placed in a certain position after retracting the perineum with the fingers, we are indebted for the speculum bearing his name, and for the first operation by him in a case of vesico-vaginal fistula.

"Dr. Sims early evinced a boldness and desire to enter upon an investigation as to how far abdominal surgery could be made safe through the use of silver wire, and the difficulties would have been soon overcome if he could have had a portion of the responsibility shared by his consulting board. I was present, as a listener, at one of the early consultations, when Dr. Sims proposed to open the abdomen for the removal of a long pedunculated fibroid—an operation which few would hesitate in doing to-day. Dr. Francis and Dr. Mott were at first disposed to yield to Dr. Sims, until Dr. Stevens entered a protest. He had no opinion to express, he said, in regard to Dr. Sims's views; they might be all right, but he felt, if Dr. Sims should succeed by chance, that every young surgeon in the land would be ripping open the bellies of the young women to ascertain if they had such growths to be removed, and he would oppose such an operation simply on the ground of humanity. Dr. Sims was not able to carry out his wishes in regard to several cases of ovarian tumor, and it was not until about 1860 that he felt his position sufficiently established to perform, on his own responsibility, his first ovariectomy.

"Dr. Sims was by nature a surgeon, and one of the most dexterous operators I ever witnessed. He was bold and self-reliant, never at a loss, and his ingenuity was unequaled. He was in no sense a plodder, for his mind and body were always too restless and active. He was so fertile in resource when I first knew him that he perfected scarcely a tithe of the brilliant conceptions passing constantly through his mind, and it was impossible to see him perform the most simple operation without learning something new.

"In perfecting the preparatory treatment, in devising the needed instruments, and by overcoming the difficulties in operating for vesico-vaginal fistula, Dr. Sims exhibited a degree of pertinacity which in after-life he was unable to devote to the development of any other special object. Notwithstanding a similar speculum has been taken from the ruins of Pompeii, and a like instrument, as a retractor, had been used by Metzler, in Germany, before the present instrument had been devised by Dr. Sims, the credit in the future must belong to him alone. The metallic suture had been used by Dr. Le Vert, of Mobile, Ala., before 1828, and by Mr. Gosset, of London, in 1834; the clamp suture had been already employed, with the 'knee-and-chest position,' and with other details now in use; while vesico-vaginal fistulæ had been successfully closed in different parts of the world before Dr. Sims began to study his profession. 'Yet with all,' as I have elsewhere stated, 'were we assured of the fact that Dr. Sims was as familiar as we are at the present time with what had been accomplished before his day, it should not lessen the credit due him. What had been done fell on barren soil, bore no fruit, was not appreciated, and was destined to be forgotten. From Dr. Sims's hand the operation was accepted by the profession; it was immediately put into successful practice, and to the present day it has not been materially modified for the better in either its principles or its mode of execution.'

"I hold in my hand a speculum which belonged to Dr. Sims, and is, I believe, the first perfected one from the hands of the instrument-maker. From the beginning of time to the present

I believe that the human race has not been benefited to the same extent, and within a like period, by the introduction of any other surgical instrument. Those who do not fully appreciate the value of the speculum itself have been benefited indirectly to an extent they little realize, for the instrument, in the hands of others, has probably advanced the knowledge of the diseases of woman to a point which could not have been reached for a hundred years or more without it. Those who come upon the field to-day can not realize what has been accomplished, or the fact that the study of gynecology now covers a more extended field than the whole knowledge of medicine did forty years ago. The advance made in this branch of surgery has, through this instrument, become especially identified with this country, where it has been chiefly employed.

"To Dr. Sims we are indebted for the technique of the examination. He first suggested the advantage of employing the left hand and the use of conjoined manipulation. The advantages of 'Sims's position' on the left side, I believe, can not be questioned. In addition to the speculum, we are indebted to him for the depressor, the flexible copper sound, the tenaculum now in use, and the elevator. He first introduced the use of glycerine and taught its advantages. He perfected the making of spongetents, and first understood how to apply a tampon, an operation which can never be performed properly without the use of his speculum. The stick with the screw at the end for removing the cotton is his, and he introduced the probang sponge-holders now in use. He first had the block-tin pessary made, and from his hands I have seen formed, over twenty-five years ago, every shape and modification which has since been devised. Dr. Sims was the first to abandon that barbarous appliance, the quill-suture, and to simplify the operation for closure of a lacerated perineum by the use of the interrupted silver suture. He gave us the operation on the anterior wall of the vagina for the cure of procidentia and prolapse. And, notwithstanding it fails when used alone for keeping up the uterus, it is perfect if employed with the object of holding the uterus at a distal point from the

pubes, while the needed support is obtained by the proper operation on the posterior wall.

“Dr. Sims came of a long-lived family, and was remarkable for his temperate and simple mode of life. He had none of the ‘small vices,’ and every habit of life was made conducive to maintaining his health. He preserved to a late period a youthful figure, with a degree of elasticity and activity of body seldom enjoyed even in middle-life. He thus had the promise of a long life, and he always said, as he expressed it, that he was ‘good for ninety.’ About two years ago, after a long and fatiguing operation, he was seized with an attack of pneumonia, and his life, day by day hanging in the balance, was only saved by the unremitting care of his medical attendants. He never fully recovered from this attack, and it necessitated the spending of the following winter in Florida, and the last in the South of Europe. During the warm weather he improved, and, on his return to New York in August last, it was thought that he had regained his former vigor and strength. To the day of his death he was actively engaged in the duties of his profession, and it is stated that he had visited a patient with his son just before retiring. During the night he was restless, and wrote for a time in bed, as was his custom. Suddenly his heart came to a standstill, and he died, without a struggle, November 13, 1883.

“Mrs. Sims has survived her husband. A sketch of him would be incomplete without some notice of her, who continued as the sweetheart of his youth and help-mate through a long life. I have heard him state that he could have accomplished nothing without the aid and advice of his wife. She certainly devoted her life to him, and I never saw a person more dependent on another than he was on her. When I first knew them, and he was in bad health, she always prepared with her own hands every particle of food he needed. She watched over him with a singleness of purpose only equaled in the care of a mother for her offspring. For his impulsive nature her placid disposition was as essential as the fly-wheel to an engine; he has said that through his whole life he never had to regret following her advice.”



At the Memorial Meeting of the Medical Society of the District of Columbia Dr. Joseph Taber Johnson said :

"When John Hancock, President of the Continental Congress, signed his name to the Declaration of Independence, in 1776, it is said that he wrote his signature in characters so large and so loud that the cry for liberty which they represented was heard around the world.

"It may be said with equal truth and propriety that, when Marion Sims fell so suddenly into the arms of death, the shock was felt wherever women suffer or surgery is practiced.

"Hancock, by his eloquence, wisdom, and example, stimulated not only his associates but posterity to patriotism, learning, and noble deeds. Sims, by his brilliant genius, patient industry, wonderful skill, and dexterity saved the lives of many, and made the burden of life less irksome to countless numbers of this and future generations. Who shall say that the former is more deserving of fame than the latter ?

"Poets sing that he who dries a tear or saves a pang to suffering woman has rendered a service more praiseworthy than to have fought a battle or captured a ship.

"Those who have advocated great principles or instilled pure and noble thoughts into the minds of a people; those who have conquered the enemy of the State; he who by his conquests has added to the territorial possessions of his sovereign; statesmen who have originated, and by their zeal and ability carried through the Congress or the Parliament measures for the relief of the oppressed—all these have received just praises and adulation during their life, and monuments have been erected to perpetuate their memories after they were dead. Equally, if not more, are those benefactors of their race who devise means for saving life instead of destroying it, who by their genius rid the world of a scourge or a plague, as well as they who destroy an army or take a city.

"Prominent among the benefactors of mankind would I see the honored name inscribed, whose useful deeds we have met together to recount, and whose virtues it gives us a melancholy pleasure to commemorate.

"One of the most remarkable elements in his character, Dr. Emmet said to me only a year ago, was the cool and ready ability which he always exhibited in an emergency. His unequalled and wonderful quickness to appreciate how best to turn to good account some unlooked-for occurrence during the progress of a grave operation had been a constant surprise to him.

"This was exemplified in his operation upon a French countess whose life had been despaired of by the best medical talent in Paris. Sims, believing she could be cured, operated—in her weakness and prostration—in the presence of many celebrated physicians, and when about to close the wound, after the skillful removal of the cause of the malady, she apparently expired under the combined effects of shock and anesthesia, whereupon a bystander sarcastically remarked, 'Yes, your operation is successful, but your patient is dead. We could have done as well as that.'

"Sims had staked every thing upon this, his first prominent operation in France, and, stung to the quick by the sarcasm of this skeptical Parisian, he dropped his knife and sprang upon the operating-table, remarking, 'No, she shall not die,' seized her by the feet and swung her head downward until the anemic brain, with the aid of gravity, became supplied with blood. Nervous power was generated to cause the heart to send a vascular supply to the lungs. The patient drew a long breath, and the mysterious machinery of life moved again slowly into action, and the countess lived. The operation proved to be a success, and Sims's reputation was won.

"Hanging the head downward in cases of suspended animation from chloroform poisoning was not entirely new or original with Sims, but his cool, quick, and successful grasp of the situation was the culminating climax which won to him the hearts of the French people, ever fond of courage and dashing display when crowned by success.

"It was not, however, by stage effects, parade of wonderful cures, or by industrious importunities of partial friends or grateful patients, that Sims's glorious, phenomenal reputation was made.

This was founded upon the everlasting rock of solid scientific attainments, and upon those rare elements combined in one man which go to make up, round out, and complete the character of the Christian gentleman. It is said of him that no woman ever distrusted him, while his exceptional purity of speech and life, together with the personal magnetism of his smile, his words, his manners, attracted many to him and held them chained with the silken cords of love, gratitude, and esteem.

"It is sad to think that his last years were too full of cares, occupation, and ill-health to permit him to finish the great literary work of his life, which would recount for the benefit of posterity the various steps by which he reached the elevated plane upon which he stood. He said to me in his parlor at the Arlington Hotel, during his recent visit to this city, in answer to my regrets that its publication had been so long delayed, with a sadness and pathos in his voice which I shall never forget: 'My dear doctor, I shall never live to complete it. There are plenty of others to take up the work where I leave it, and I have more important things to do in the little of life remaining to me than to write of what I have done in the past.'

"There is a sadness also in viewing the elevation of any man to a plane so high above his fellows that he has no equals of whom to take counsel or for daily friendly intercourse; but this sadness has its alleviation in the contemplation of our honored, loved, and trusted friend, standing so high in the clouds, upon the topmost round of the ladder of fame, that it was but a step for him *over* into the confines of that celestial country where the weary are at rest forever."

THE DISCOVERY OF PERUVIAN BARK.—In the year 1638 the Count of Chinchon held his court in the vice-regal palace beside the river Rimac, Peru. The countess was grievously sick, prostrated by one of the miserable *calenturas* of the country—an ague, which would not yield to the ministrations of the physicians, or to the prayers of the archbishop and of all his clergy. It was a serious matter, for the noble lady had lost all her bright

color, and was visibly wasting to a mere shadow of her former self. The court doctors, the surgeon-general of the army, and the chief surgeons from the ships of war at Callao had been summoned in frequent consultation, but the countess was none the better. It was whispered abroad that there were native remedies, sometimes in use among the Indian slaves, by which such distempers might be healed. But the situation was delicate. Spanish etiquette was exceedingly punctilious, and when the court doctors and the surgeons from the army and the navy had pronounced an opinion, who might gainsay their doctrine?

In the midst of this dilemma the chief magistrate of the province of Loxa made his appearance at court. Eight years before he had himself wrestled with this same malignant ague, and had been healed by the administration of a bitter powder, procured from the Indians who dwelt among the mountains in his province. The pious monks of the convent at Loxa, moreover, had long possessed the secret of this remedy, having recorded its virtues as far back as the year 1600, when one of the brethren had been cured at the hands of an Indian disciple. Armed with this experience, the *corregidor* went straight to the viceroy, and urged a trial of the remedy which he had used with such advantage. Of course this raised a commotion at once. Out of the past we seem to hear voices, arguing and protesting. "Poisonous! Why, have I not swallowed whole handfuls of the stuff, and do I look like a man who has made the acquaintance of poison? Is there not a sufficient number of slaves, upon any one of whom the drug can be tried at a moment's notice? Have not the holy fathers at Loxa pronounced in favor of the remedy? Yea, verily, has not this very package been duly blessed by the Father Superior himself, before I came from home?" Such reasoning overcame all opposition at last. The countess received the bitter draught, and was healed. It is not difficult to imagine the triumph of the man of laws; let us draw a veil of decent sympathy over the features of the fashionable physicians of Lima, leaving them in shadow-land to justify their ignorance and their discomfiture. No doubt they were equal to the occasion.



During the lifetime of the next generation the substance became tolerably well known as the "Jesuits' powder." In aristocratic circles it was commonly called the "countess's powder;" and after the year 1670, when Cardinal Lugo sanctioned its use in the treatment of malarial fevers at Rome, it was considered the proper thing among all true believers to speak of it as the "cardinal's powder."

The drug was not universally received as the heaven-sent blessing which its enthusiastic friends would have it appear. In London it had encountered great opposition, for the reason that it had been introduced to notice, not by the leaders of medical opinion, but by a practitioner of inferior rank, named Tudor or Talbot. Originally an apothecary in Cambridge, this man had learned the value of the newly discovered "Jesuits' bark," and had devised an improved method for the exhibition of its remedial virtues. He removed to London about the year 1670, and was soon embroiled with the leading physicians of that city. In those days the privileges of the College of Physicians were so jealously guarded that an apothecary who treated fevers with more success than the regularly anointed doctors was looked upon as a wild beast, to be slaughtered without mercy. Evelyn records in his diary a conversation with the Marquis of Normanby "concerning the *Quinquina* which the physicians would not give to the King (Charles II), at a time when in a dangerous ague it was the only thing that could cure him (out of envy because it had been brought into vogue by Mr. Tudor, an apothecary,) till Dr. Short, to whom the King sent to know his opinion of it privately, he being reputed a Papist (but who was in truth a very honest good Christian), sent word to the King that it was the only thing which could save his life, and then the King enjoined his physicians to give it to him, which they did, and he recovered. Being asked by this Lord why they would not prescribe it, Dr. Lower said it would spoil their practice, or some such expression, and at last confessed it was a remedy fit only for Kings." According to Stillé, the jealousy excited by the success of the despised apothecary

was so great that he was obliged "to seek the protection of the court, and the king actually issued a mandate to the College, forbidding them to molest or disturbe him in his practice."

Dr. Talbot achieved another splendid triumph—this time, in France. Louis the Fourteenth had been stricken down, in the year 1679, by an incorrigible ague. In vain the doctors of the court had essayed to break the fever; it would not down at their bidding. When every one was in despair, there came an Englishman, from London, who said that he had that in a little bottle which would cure his most Christian majesty. It was the apothecary Talbot, whose fame secured for him admission to the chamber of the king, where he obtained permission to administer the secret remedy which he carried. His majesty drank, and was cured.

What was the medicine which had accomplished such a marvel? It was liquid, fiery, dark, and very bitter. More than this no one could tell. The curiosity of the king was thoroughly roused. Dr. Talbot shrugged his shoulders, and hinted that the knowledge might be had for a sufficient compensation. After considerable haggling the secret was purchased for the sum of forty-eight thousand livres, and an annuity of two thousand francs, a large remuneration when we take into consideration the value of money at that time as compared with the present. The title of Chevalier was also conferred upon the doctor, and his recipe was given to the world. It was an alcoholic or vinous tincture of Peruvian bark. An official description of the medicine was published by order of the king, and La Fontaine composed a poem in honor of the event. Peruvian bark was for a time more fashionable in Paris than it had ever been at Madrid, and its virtues became gradually known throughout the greater part of Europe. Many years, however, seemed to have elapsed before its value was generally acknowledged, for in the year 1740 another conspicuous example of the ignorance or the timidity of the medical profession regarding the use of the bark was presented in the case of a most illustrious personage. Frederick the Great, riding hither and thither, from one end of his

kingdom to the other, during the months of a rainy summer, was suddenly seized with a fever. It proved to be an "aguish, feverish distemper," a "quartan ague it seems; occasionally very bad: but Friedrich struggles with it, will not be cheated of any of his purposes by it. . . . A most alert and miscellaneously busy young king, in spite of the ague." We accordingly find him writing, September 6th, to his friend Voltaire, whom he had intended to visit:

*"My Dear Voltaire:* In spite of myself, I have to yield to the quartan fever, which is more tenacious than a Jansenist; and whatever desire I had of going to Antwerp and Brussels, I find myself not in a condition to undertake such a journey without risk. I would ask of you, then, if the road from Brussels to Cleve would not to *you* seem too long for a meeting; it is the one means of seeing you which remains to me. . . . Let us deceive the fever, my dear Voltaire, and let me at least have the pleasure of embracing you."

"I was led into his majesty's apartment," writes Voltaire. "Nothing but four bare walls there. By the light of the candle, I perceived in a closet a little truckle-bed, two feet and a half broad, on which lay a little man muffled up in a dressing-gown of coarse blue duffel; this was the king, sweating and shivering under a wretched blanket there, in a violent fit of fever. I made my reverence, and began the acquaintance by feeling his pulse, as if I had been his chief physician. The fit over, he dressed himself, and took his place at table, (where we) discussed, naturally in a profound manner, the Immortality of the Soul, Liberty, Fate, the Androgynes of Plato, and other small topics of that nature."

Some talk there may have been also of the experience of the Grand Monarque with the ague, and of the manner of his cure; but if so, nothing came of it then, for we find Friedrich impatiently shaking through the month of September and far along into October, begging for "quinquina," and bitterly reviling his physicians because they would neither give him the drug of which he had heard, nor cure him of the fever, having nothing better than Pyrmont water to offer for his relief.

Thus the weeks dragged wearily on, the king growing "lean and broken down, giving up court life at Berlin, and taking refuge at his country-seat at Reinsberg, when," says Carlyle, "one Tuesday forenoon, October 25, 1740, express arrives, direct, from Vienna five days ago; finds Friedrich under eclipse, hidden in the interior, laboring under his ague-fit: question rises, Shall the express be introduced, or be held back? The news he brings is huge, unexpected, transcendent, and may agitate the sick king. Six or seven heads go wagging on this point. They decide, 'Better wait!' They wait accordingly; and then, after about an hour, the trembling-fit being over, and Fredersdorff having cautiously preluded a little, and prepared the way, the dispatch is delivered." The Emperor of Austria was dead. "Friedrich kept silence; showed no sign how transfixed he was to hear such tidings, which he foresaw would have immeasurable consequences in the world." He arose from his bed, dressed himself, and sent at once for the general of the army and for the chief minister of state. No more trifling with Pyrmont water now, but immediate prescription by the king himself of Peruvian bark in good round doses, which were taken with such effect that the ague was driven out "like a mere hiccup, quite gone in the course of next week; and we hear no more of that importunate annoyance" during the remainder of Frederick's life.

Still, in spite of all these brilliant triumphs, the general introduction of Peruvian bark progressed but slowly. The frightful wars which sundered the different nations and the backward state of chemistry and pharmacy were, no doubt, the principal causes of this delay. The extreme bitterness and bulkiness of the dose as formerly given must also have constituted no inconsiderable barrier to the general recognition of the virtues of the drug. It was not before the year 1820 that final success crowned the effort to separate its alkaloids from the inert constituents of the bark. I well remember the curious interest with which, when a very small boy, I watched the good family physician as he prepared at my mother's bedside her first dose of the new French medicine, quinine. It was an ordinary acid solution, illuminat-



ing the water into which it was dropped with a most beautiful tinge of fluorescent blue, but oh, how bitter! Even after this great pharmaceutical victory, ancient prejudices lingered long. But these are now for the most part traditions of the past, and after a trial of two hundred and fifty years we have exalted the once-despised *pulvis ignotus* into a panacea for almost every ill to which flesh is heir, a great and durable triumph, slowly but surely won. (Atlantic Monthly.)

THE RELATIONS IN WHICH MEDICAL MEN STAND TO THE LAW. Dr. Charles G. Garrison, in reporting to the Camden County Medical Society (Medical Bulletin), summarizes the relations of physicians to the law under three heads: (1) As a plaintiff: There is nothing in the profession peculiar to the physician. A "visit" *per se* is not a valuable consideration, and therefore not a lawful demand. "A professional visit at request of defendant," is recommended as a proper form. The defense that he did not cure or benefit defendant is no bar to recovery, as skill and care, not cure or benefit, are the conditions of the implied contract. (2) As a defendant: The law presumes that a physician agrees to furnish the fair average skill of the craft, not the highest known to the profession. (3) As a witness: This may be ordinary or expert. The ordinary witness testifies only in regard to what he saw, heard, or observed in the case, the same as any other witness. As expert, the position of the physician is judicial, and he should be called by the court and not by the contestants.

A WINK AS GOOD AS A NOD.—Dr. de la Pommerais was executed in June, 1864, for a murder of the Palmer type. On the night before his execution he was visited by Surgeon Velpeau, who after a few preliminary remarks informed him that he came in the interest of science, and he hoped for Dr. de la Pommerais's co-operation. "You know," he said, "that one of the most interesting questions of physiology is as to whether any ray of memory, reflection or real sensibility survives in the brain of a man after the fall of the head." At this point the condemned

man looked somewhat startled; but professional instincts at once resumed their sway, and the two physicians calmly discussed and arranged the details of an experiment for the next morning. "When the knife falls," said Velpeau, "I shall be standing at your side, and your head will at once pass from the executioner's hands into mine. I will then cry distinctly into your ear, 'Count de la Pommerais, can you at this moment thrice lower the lid of your right eye, while the left remains open?'" The next day, when the great surgeon reached the condemned cell, he found the condemned man practicing the sign agreed upon. A few minutes later the guillotine had done its work, the head was in Velpeau's hands and the question put. Familiar as he was with the most shocking and ghastly scenes, he was almost frozen with terror as he saw the right lid fall, while the other eye looked fixedly at him. "Again!" he cried frantically. The lids moved, but they did not part. It was all over. (Medical Review.)

THE CATHOLICITY OF MEDICINE.—This catholicity is evident: first, in the physician's comprehending the entire nature of man and thus understanding his true character. To the mere physiologist, man is simply a living organism with machinery working not unlike that of a monkey or a dog, or some other inferior animal. The psychologist tells us in the words of Phavorinus, which were written upon the walls of Sir William Hamilton's lecture-room in the University of Edinburgh, "On earth there is nothing great but man; in man there is nothing great but mind." The divine has his attention directed especially to man's moral nature, and seeks to bring it under the control of the highest motives and the most sacred influences. The political economist sees in man either producer or consumer; the legislator sees him the subject of poll-tax, if he be a man, but if he be a woman, only a promising candidate for the burden and responsibility of a poll-tax, which then, in the belief of those who are not yet educated up to the advanced thought of the times, would be a very great poll evil. The poet, the novelist, the philoso-

pher, each has his ideal man, and generally this ideal is very different from the actual man as the physician knows him. (Theophilus Parvin.)

THE DOCTOR THE TRUE ANTHROPOLOGIST.—The doctor comprehends the three-fold nature of man—man intellectual, moral, physical, and thus comes to a true anthropology. He sees him, not in the framed and flattering picture of the artist, not arrayed in the clothing of social conventionalism, but without artificial adornment, and stripped of all disguise; he sees him at all times, in all places, in all circumstances; he knows the glory and the shame, the power and the weakness, the valor and the cowardice, the goodness and the wickedness, the selfishness and the self-sacrifice, the virtue and the vice, the joy, the hope, the gratitude, the love and the despair, the hate, the ingratitude, the sin and the sorrow of this human nature. (*Ibid.*)

SPECIALTIES.—In one respect the medicine of to-day is probably inferior to that of Galen's time, the inferiority being in the number of specialties. Then there were not only oculists, lithotomists, herniotomists, and others, but also doctors who did nothing but bleed, some from artery, others from vein, and doctors who limited their practice to giving clysters. If the last specialty is revived in our day those devoted to it would doubtless take the name of *clysterodidomatists*. (*Ibid.*)

MUCH ULONG.—It is related of Sylvius, that he compelled his patients to drink from one hundred and fifty to two hundred cups of tea every day. (*Ibid.*)

WHAT IS IN A NAME?—A doctor with an Arabo-Hindustani name settled in one of the suburbs of Paris. In a short time he had a large run of wealthy patients. The police sent an officer to inquire about the diploma of the mysterious practitioner. The doctor received the officer very politely, and smilingly showed him his full certificates and diploma from the

University of Paris. "But," he said to the officer, "you will oblige me if you do not speak about this affair, for I would lose all my patients in a short time if they should know that I am a regular Parisian physician."

DR. L. P. YANDELL.—The following from the pen of Ernest Hart, Esq., the distinguished editor of the British Medical Journal, bears generous testimony to the value placed upon the late Dr. L. P. Yandell by the profession in Great Britain :

"The many warm and affectionate friends of Dr. Lunsford Yandell, of Louisville, will learn with regret that he is no more. Like his brother, Dr. David Yandell, he was much loved and valued by numerous English friends, whom his cultivated intelligence and manly and affectionate character had attached to him. He was a fine type of the chivalrous, fearless, and original-minded American physician and gentleman—a type which is well known, much valued, and always warmly welcomed here."

MATERNAL FOUNTS.—There is living in Montijo a woman with four mammary glands; two are situated in their ordinary place, and the other two, a little smaller, perpendicularly and two centimeters above, one on each side, with their corresponding nipple. She is at present nursing a child with the four breasts, all having an abundance of milk. (*Il Siglo.*)

THE REMAINS OF HARVEY were removed on Thursday, October 18th, from the vault under Hempstead Church, in Essex, to the Harvey Chapel, and placed in a sarcophagus provided by the Royal College of Physicians of England.



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## SUPPLEMENT.

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# SECOND CONVICTION

BEFORE THE BAR OF PROFESSIONAL OPINION.

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DR. DAVID W. YANDELL

AGAINST

THE LOUISVILLE MEDICAL COLLEGE.

Prosecution for  
Shameful  
and  
Unprofessional  
Conduct.

## THE VERDICT OF THE MEDICAL PROFESSION.

SPECIAL FINDINGS in the case as given in representative journals of American Medicine, from Boston to San Francisco, from Detroit to New Orleans, and from North Carolina to Texas, concerning the character and practices of the Louisville Medical College, pronouncing thus:

1. "Character that would disgrace any respectable school."  
"Scandalous conduct." "Disgraceful practices."
2. "Practices that would degrade a lightning-rod peddler."
3. "Shocking prostitution."
4. "No board of health can consistently **RECOGNIZE THEIR DIPLOMA.**"
5. "Degrading and disgraceful practices." "Degrading both the teachers and the students." "The thanks of the profession are due Dr. Yandell for the performance of this unpleasant duty."
6. "Flagrant violation of propriety." "Infamous, and can not be too severely denounced."
7. "The profession of Louisville and of Kentucky owe it to themselves as well as to the profession abroad to take immediate steps to suppress or abolish it." "This blot upon our educational institutions."

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THE UNANIMOUS VERDICT:

**GUILTY!**

LOUISVILLE MEDICAL COLLEGE.—The Louisville Medical College is a most irregular regular school. The means taken by it to get students are no better than the tricks of Buchanan. Its graduates are refused licenses by several Examining Boards, and will be refused by all as soon as the character of the school shall have been fully exposed. (*Pacific Medical and Surgical Journal*.)

The February issue of the AMERICAN PRACTITIONER contains an article by Dr. David W. Yandell, to which those who are interested in maintaining any professional or educational medical standard in this country are particularly referred. The practice there exposed, if truthfully reported—and we see no reason to doubt it—make, at this distance, very unpleasant reading, and in Louisville itself can hardly result otherwise than in degrading both the teachers and the students directly concerned in them. (*Boston Medical and Surgical Journal*.)

Dr. David W. Yandell, in a supplement to the PRACTITIONER, makes a reply to the circular and newspaper article recently issued by the Louisville Medical College. It makes a bad showing for the latter institution. Still it seemed to us that the faculty circular and newspaper article more certainly condemn the Louisville Medical College than even this paper of Yandell. (*Detroit Lancet*.)

Dr. Yandell no doubt has inflicted heavy damage on the school by the convincing and detailed *expose* which he makes of certain irregular and even disgraceful practices which were apparently indulged in by the "College" men in order to secure large patronage. (*N. O. Medical and Surgical Journal*.)

We had not suspected such shocking prostitution of the powers of a college as has been shown by Dr. D. W. Yandell to have been practiced by the Louisville Medical College. Dr. Yandell deserves the thanks of the profession for taking such a fearless stand against these gross abuses. (*N. C. Medical Journal*.)

We had looked to see the Louisville Medical College, whose honor and future welfare and, indeed, whose existence are all involved in these grave charges, and which depend upon their successful refutation, at once enter a prompt denial, or, at least, a quick repudiation of their author, and to at once sever his connection with their school. Indeed, it seems to us that there was no other course open to them, if they would save the honor and integrity of their school. The profession of medicine throughout the United States was at first shocked, surprised, and then indignant. They have waited with bated breath the issue, indulging still the hope that it may not



be so bad as painted. But, instead of a denial or a disclaimer, or any repudiation of the author of those letters, the officers of the school have sent out a unique circular, a kind of nondescript document, folded in the *Louisville Courier* (a secular paper), which begs the entire question. If it is any thing, it is a *tacit acknowledgement* of the *authorship of the letters*; and a faint attempt at *vindication* of the course on the ground that *other schools had cut under on the established rates*! In this circular the writer attempts to divert attention from themselves by a feeble effort at ridicule of the Faculty of the University. It is a shameful subterfuge, and without point. It is the most spiteful yet impotent production we have ever seen emanating from so respectable a source. There is in it an attempt to ridicule a certain distinguished dermatologist, who is supposed to be the leading spirit in the recent exposition of the "ways which are dark and tricks that are vain," as exemplified by those famous (or shall we say infamous?) letters. These gentlemen will find that the disease of which they are accused is more than *skin deep*, and the surgeon, not the dermatologist, must deal with it; and that Dr. Rauch, who has officiated in that capacity more than once, and has lopped off several diseased members, will be called on to amputate the Louisville limb from the corporate body of medical colleges. This will be the inevitable fate of the college unless they can make a better defense than they have done in this weak circular. It must be. The profession and the people will demand it. They will arise in their wrath and demand the revokal of their charter; for if such practices, which should bring the hot blood of shame to the flinty cheek of a Buchanan, be not rebuked, frowned down, repudiated, spurned with contempt, for by such not only is disgrace brought upon themselves but upon the whole of the present generation, and upon the very fair name of Medicine—and the perpetrators should be made to feel the contempt and just indignation of an outraged constituency.

We wish it were otherwise, but really there appears to us no way by which the Louisville Medical College can escape conviction on these grave charges; and conviction means death to their career as a medical school, for surely no board of health *can* consistently, hereafter, recognize their diploma unless they can disprove the whole affair; an impossibility, apparently. We must say we admire the calm, dignified, and gentlemanly manner in which Professor Vandell handles the subject; the patience he has shown under great provocation; the fact that he, while skinning the school as a corporation, is considerate to a fault of the gentlemen composing the faculty. He says he is

“dealing with measures, not men.” (*The Texas Courier-Record of Medicine.*)

Practices which would degrade a lightning-rod peddler, or a runner for the bath-houses and quacks of Hot Springs. (*Alienist and Neurologist*, St. Louis.)

The Louisville Medical College has relapsed into its old tricks. This school—which must not be confounded with the University of Louisville—was convicted some years since of drumming up students by means of so-called beneficiary scholarships. After a thorough exposure the college promised to give up the reprehensible practice, and as an evidence of reformation joined the Association of Medical Colleges. But it appears that under the guise of virtue it has continued its career of prostitution. A recent issue of the *AMERICAN PRACTITIONER* contains a supplement by Dr. David W. Yandell, of Louisville, in which he again convicts the before-mentioned institution of its former scandalous conduct. The evidence produced by Dr. Yandell is so convincing as to leave no doubt that the individual members of the Faculty of the Louisville Medical College have been writing to medical students in various States, soliciting them to attend that school, and offering tuition at a greatly reduced rate under the very thin disguise of beneficiary scholarships. The letters published by Dr. Yandell—and he states he has more of them from the same sources—are of a character which would disgrace any respectable school; they are filled with vainglorious boasts, puffs of the Louisville concern, and insinuations as to the worthlessness of rival colleges. It is to be hoped that this *expose* will be effective in either suppressing the Louisville Medical College, or forcing it to alter its course. (*The Weekly Medical Review*, Chicago and St. Louis.)

The Louisville Medical College, both by official and private letters, has been proven to have offered great reductions in fees to prospective students, as well as to have used decidedly irregular methods of securing students. These charges seem to have been substantiated beyond question, and from the reply filed by the defendant we are still more convinced of the truth of the charges. There are some denials which are virtual confessions, and this seems to be one of that class. The Louisville Medical College, instead of denying and proving that the offensive letters were not indited by its officers and faculty, rather turn their attention to a personal skirmish with Prof. D. W. Yandell, who is the self-constituted champion of the University. The Louisville Medical College also endeavors to lay the charges to a mere

jealousy on the part of its opponent, in that the former has the larger classes. If the charges as made against the Louisville Medical College are true, it is censurable in the highest degree. If so, the medical profession and students of the country are deeply indebted to Professor Yandell for the exposure of such infamous practices. If not so, the Louisville Medical College should prove their falsity and cease the personal warfare which it is waging at present. No one is more injured by personal journalism than the author thereof, and malicious flings at a spotless character but redound to the benefit of the person assailed. (*St. Joseph Medical Herald.*)

This practice of giving large discounts off the published fees is infamous and can not be too severely denounced. It is an encouraging sign to see the general condemnation which the Louisville Medical College is having meted out to it. (*The Medical Age.*)

The Medical Herald, of Louisville, Ky., has passed into the control of the Louisville Medical College. This is the college whose contemptible bidding for students was exposed by Dr. Reeves, of West Virginia, in his address at Detroit. In its mud-flinging at rivals and laudation of its own school, the journal, under the new *regime*, indicates that its mistress is no better than she has been painted. Louisville is to be pitied. (*Columbus Medical Journal.*)

For some months past, we have been receiving circulars and newspapers containing most disparaging comments on the Faculty of the University of Louisville, apparently emanating from parties connected with the Louisville Medical College. On the other hand, our attention has been recently called to a supplementary paper in the February number of the AMERICAN PRACTITIONER, written by Dr. D. W. Yandell, Professor of Surgery and of Clinical Surgery in the University of Louisville, in which he shows most clearly that from the Faculty of the Louisville Medical College has come the numerous letters to students in all parts of the country directly soliciting their attendance in that institution at half the published rate of charges, under the pretense of issuing "beneficiary scholarships," etc., some of which have attracted the attention and been commented upon by the Secretaries of the West Virginia and Illinois State Boards of Health. The letters given in full by Dr. Yandell, with names and dates, are sufficient to show that the Louisville Medical College during the last year has been reviving the disgraceful practices so freely indulged in former years, by what was known as the double-head Louisville-Kentucky School of Medicine. How men of education, and sometimes of rare

talents, can allow themselves to pursue policies and indulge in practices, in the name of a medical college, which they would instinctively shrink from as disgraceful in their individual professional capacity is a mystery to us. (*Journal of the American Medical Association.*)

Documents are published showing that this institution began last summer systematically to canvass for students, offering to many a reduction in the advertised price of tuition. Such practices are certainly not reputable, and in the end must hurt the reputation and standing of the college which indulges in them. Institutions for medical instruction which have to beg and underbid for students, or lobby for free scholarships, have survived their usefulness. We can only urge it upon the medical profession that they lend countenance and support only to such institutions as show themselves conscious of the dignity of the profession and of the deep responsibilities that fall upon medical teachers at the present time. (*The Medical Record.*)

The *exposé* by Dr. David W. Yandell, in the February issue of the AMERICAN PRACTITIONER, of the recent proceedings of the Louisville Medical College is, to say the least, humiliating to those who had commenced to hope that the profession in America was becoming more elevated in tone as it was growing in intelligence. Judging from the practices of some of the professors of this "foremost school in the country," before and after their connection with it, it would seem that association with some medical colleges, at least, is as demoralizing as horse-trading. We have ourselves seen one of the letters offering to take students on the so-called "beneficiary"-reduction-rate basis which have been published by Dr. Yandell. It was sent to a student of medicine, and offered largely reduced rates, and urged the claims of the Louisville Medical College and of Louisville, "the medical center of the South and West, the healthiest large city in America; beyond the reach of yellow fever," etc. We sincerely trust that some efficient remedy for such degrading and disgraceful practices, "hurtful to the best interests of medical teaching, medical men, and medical students," shall be speedily discovered. Till then, the best that can be done is to expose such practices to public gaze and public scorn, and the thanks of the profession are due Dr. Yandell for the fearless performance of this unpleasant duty. (*Medical News*, Philadelphia.)

While we do not share the alarm with which many look upon the increase of the medical body, it can not be questioned that to stimulate this increase, and especially by devices which are in themselves



debasement, should be opposed with all the force at the command of the profession. From this point of view, it seems to us, medical men all over the country should feel under obligations to Dr. David W. Vandell, of Louisville, for his vigorous denunciation of the practice of soliciting the young men to become students of medicine as beneficiaries. The beneficiary system is open, we think, to very grave objections at best. The practice of medicine is getting to be more and more a calling in which something beyond natural aptitude and reasonable educational qualification is needed to make the prospect of material success at all inviting—in one form or another capital is growing to be an element in the conditions that conduce to success. To lure young men, then, into a career in which they will almost necessarily find themselves handicapped from the start is what this solicitation of beneficiary students amounts to. From the statements made in Dr. Vandell's article (a signed supplement to the February number of the *AMERICAN PRACTITIONER*), the conclusion seems unavoidable that at least one of our colleges is in the habit of exceeding the utmost stretch of decency in the matter of beneficiaries. The devices resorted to, as given by Dr. Vandell, in the form of letters from various members of the faculty to young men of whose intention of studying medicine they seem to have become aware casually, if not as the result of something quite akin to the emigrant-runner's modes of canvassing, we do not hesitate to say are nothing short of disgraceful. Fortunately, so flagrant a violation of propriety will undoubtedly work its own cure—whether to the confusion of the offending college or to a change in its policy, is a question of small moment. (*New York Medical Journal*.)

Prof. Hooper, ex-Vice-President of the American Medical Association, President of the Medical Department of Arkansas Industrial University, writes:

The evidence you have given in your paper about the flagrant conduct of the Louisville Medical College has been known to the profession in Kentucky and abroad for a long time, and why the thing has not been boldly denounced by the medical men of your State is a mystery to many of our friends. Why does your State Medical Society remain so silent over such a crying evil? If such a concern as that is represented to be had an existence in Arkansas, the profession throughout the State would rise up as one man in denunciation and disapprobation of such unblushing and infamous conduct. If the charges that have been made about that institution are true

(and I have seen nothing to controvert them), the profession of Louisville and of Kentucky owe it to themselves, as well as to the profession abroad, to take immediate steps to suppress or abolish it. This unpleasant duty of exposing, for the purpose of suppressing such nuisances or abuses, should not be allowed to devolve on one man or a certain number of men, but the whole profession in the localities where these things abound should unite for the common good in an earnest effort to wipe out or efface this blot upon our educational institutions.

P. O. HOOPER.

LITTLE ROCK, ARK.

W. F. Westmoreland, M.D., Professor of Surgery in Atlanta Medical College, Dean of the Faculty, former Editor of Atlanta Medical Journal, writes:

*Dr. D. W. Yandell:*

I have just read your article showing up your *world-renowned canvassers*. We know something of the Louisville Medical College down this way. Our secretary received a number of letters last fall from students to whom they were sent. Just which Professor or Assistant has this State, I do not now recollect; but from the number sent us by students in Alabama, Georgia, and South Carolina, I should judge that the Professor or Assistant or whoever was "delegated" this territory did his duty well. I asked our secretary to send them to you.

And the Louisville Medical College has in good earnest returned to her dirty and disgusting tricks. They must throw off the cloak of respectability and go "whole hog" into money-making by diploma vending.

W. F. WESTMORELAND.

ATLANTA, GA., March, 1884.

The Medical Association of Alabama, at its meeting in April, struck the Louisville Medical College off the list of **REPUTABLE MEDICAL COLLEGES**.

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1876.

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1884.

# Louisville Medical News

**A Weekly Journal of Medicine and Surgery.**

EDITED BY

LUNSFORD P. YANDELL, M. D., AND H. A. COTTELL, M. D.

Published by JOHN P. MORTON AND COMPANY.

THE LOUISVILLE MEDICAL NEWS is a handsome octavo journal of sixteen pages, and is issued every Saturday. For the year it composes two large volumes, making in all eight hundred and thirty-two pages. Each number contains valuable original papers, correspondence, book reviews, lectures and clinical reports, society proceedings, miscellany, editorial articles, and items of medical news.

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DOSE—Two teaspoonfuls alone, or mixed with twice the quantity of soft water, to be taken thrice daily with meals.

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# The American Practitioner.

JUNE, 1884.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

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## Original Communications.

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### PUERPERAL MASTITIS.

BY THEOPHILUS PARVIN, M.D.

While puerperal mastitis is rarely a source of danger, it is usually attended with so much suffering it compels giving up nursing the affected breast, possibly the weaning of the infant, and its occurrence is so often unjustly blamed upon the nurse or the doctor, that a brief study of the disease may be of some interest, and it is hoped of some use. This study will be rendered still briefer by confining it chiefly to the causes of the disease and its prophylactic treatment.

In rare cases parenchymatous mastitis is one of the manifestations of a general pyemic infection, but the great majority have other causes, and among these causes the most frequent are abrasions, ulcerations, or fissure of the nipple—for the latter the French use the word *crevasse*, and it is very expressive, for the great gap which is seen in some cases just at the base of the nipple, a crescent-shaped gap which may go on increasing until the sinuses of milk ducts are opened, or even still more serious destruction of tissue occurs. Now these raw and abraded surfaces, these lesions of tissue, open doors for the entrance of disease germs, and the lym-

phatics are there in ample number to transport the germs, not only to the superficial but to the deep parts of the gland. I know it is usually held that the milk ducts are the medium by which inflammation is carried from the nipple, but if one will watch the inflammatory process he will see in many, I will not say all, cases the superficial lymphatics showing red-lined paths toward the axilla. Knowing, too, how important a part the extra- and intra-pelvic lymphatics play in the genesis of puerperal septicemia, absorption of the puerperal poison being far more frequent by them than by veins, it is probable that similar vessels here are the carriers of disease. Be this as it may, there can be no question as to the fact that almost all cases of inflammation of the breast in lying-in women begin in disease of the nipple.

Cold is also admitted by most authorities as an occasional cause of mammary inflammation; indeed, Delore goes so far as to say that in almost all cases exposure to cold is the cause of mammary abscess. Retention of milk is popularly considered, and also by some eminent authorities asserted, to be a cause of mammary inflammation. Schröder's statement is unequivocal: "Suppurative inflammation of the mammary gland commonly arises through the small chaps of the nipple, and through the small scab formed on it occluding the excretory ducts of some of the lobes of the gland. The secretion is pent up, the lacteal ducts and gland-vessels are dilated and inflamed, and suppuration begins in their walls." These views will be rejected by some, and by most be regarded as too exclusive.

Küstner, in a recent number of the *Archiv für Gynäkologie*, discusses this subject, and quotes the opinions of Billroth, Winckel, Spiegelberg, and Schröder. The first two hold that the inflammation generally has its origin in fissures of the nipple, and that the inflammation extends to the connective tissue; retention of milk is secondary, and has nothing to do with the inflammation; while they have not observed epithelial suppuration. Spiegelberg taught that the inflammation passed by the milk ducts to the glandular structure which became infil-



trated, and suppuration followed. Schröder's views have already been given.

Against the view that retention of milk causes inflammation and abscess are the facts observed in galactoceles and in inferior animals, as in the mammiferæ whose young are destroyed; for example, those sluts and cats whose puppies and kittens are cast into the nearest stream or pond, or in the cow who strays off and is days without being milked. A galactocoele does not cause an abscess; the unmilked cow does not have inflammation and suppuration of her swelled and greatly distended bag, at least if she does the event is exceptional and may be attributed to bruising of the organ, an accident liable to occur from its immense size. The sluts and cats give no evidence, I believe, of suffering in this way from retained milk. So, too, abscesses in the human female are very rarely observed—almost never observed—at weaning, or if the mother does not nurse her child, or it is still-born.

Nevertheless, it is better not to be too absolute in medical opinions. Possibly there may be some truth in the opinion of Schröder. I feel more inclined not utterly to reject it in view of Küstner's recent article. Küstner, who adduces four cases of mammary abscess which were caused solely by secretion-stasis, but who regards this form of the disease as very rare, makes the following the chief points of diagnosis between it and the ordinary phlegmonous inflammation: Less local and general disturbance; limitation of the affection to a circumscribed point; quick and complete closure of the retention cavity after an opening has been made.

This is not a mere question of useless theory, for if retention of milk occupies any important place in the etiology of mammary inflammation, there may be some cases in which the effort to draw the milk, thus relieving the dangerous distension—a practice which I need not say is quite common in the lying-in room—is not to be condemned. Nevertheless, such practice used in a case of phlegmonous inflammation is evil, and only evil, and that continually.

But, laying aside the rare forms of mastitis caused by milk stasis, let us consider the prophylactic treatment of the ordinary form of the disease. Recognizing the fact that it originates in disease of the nipple, is simply the extension, probably by the way of the lymphatics, of the inflammation from it to the glandular structure, or to the connective tissue between the lobules and the acini, the prophylaxis must be preventing lesions of the nipple. But lesions of this organ frequently occur from want of care during pregnancy ; wrong things are done, or right things left undone. The mamma is very nearly a hemisphere, and from its highest part the nipple rises up something like a low, round tower on the top of a "sugar loaf" mountain. Unfortunately, as a consequence of bad dressing by which compression of the anterior surface of the breast is made, or from arrest of development, the tower has not been built, but a level surface occupies the place where its base should rest, or, still worse, a funnel-shaped cavity is found instead of an elevation, a cup takes the place of a cylinder. Even in the last condition an effort should be made to draw out the nipple and give it suitable form and size by daily use of an air-exhausting apparatus. A bottle, the mouth of which will embrace the surface the nipple should occupy, is filled with hot water, the water poured out, the bottle inverted over the nipple—the condensation of the vapor in the bottle makes a vacuum, and thus traction upon the nipple is made—is one of the cheapest and simplest ways of doing this. But as soon as the nipple is developed by such means, or in cases where it is already prominent enough to be seized by the finger and thumb, the patient should be taught to use them ten or fifteen minutes, twice a day, to draw it out to a suitable length. Further, not only should all clothing which may compress the nipple be avoided, but a firm nipple shield placed over it, fastened, if need be, by strips of adhesive plaster to prevent its displacement. There is thus afforded not only protection from compression, but also space for the growth of the nipple.

Having thus succeeded in giving the nipple suitable form

and size, or if these conditions are already present, the next step is to make its covering such that it will best resist the agencies which, when the function of the organ is exercised, may injure it. It is needless to say that the common, almost universal practice pursued is to make astringent and alcoholic applications to it; whisky and alum or tannin and alcohol are among familiar means. Now for some years it has seemed to me that this practice was wrong in theory, and that its results were by no means satisfactory. The skin of the nipple must be soft and pliable and protected from being injured by contact with fluids. Wherever surfaces are to be protected from the action of fluids nature multiplies sebaceous follicles. See, for example, how numerous they are upon the nymphæ, especially upon their internal surface, one hundred and fifty to the square centimeter. So, too, the nipple is richly supplied with sebaceous glands. Circles of these glands surround the openings of the milk ducts, and seem to have been placed there to protect the skin from the injurious influence of contact of milk and secretions from the infant's mouth; so, too, elsewhere upon the nipple these glands abound. By the frequent bathing of the organ with alcoholic and astringent solutions not only is the secretion from these glands carefully dissolved and washed away but possibly their orifices obstructed; the skin may be hardened indeed when nature meant it to be soft and pliable, but it also has less resistance to the continuous application of moisture. Such treatment daily applied to the scalp would soon make it dry, and the glossiest and most flexible hair harsh and brittle. No, I believe these applications wrong; they not only do no good, but they do harm.

Rejecting, then, this practice, what care shall be taken of the nipples? First, cleanliness of them as much as of any part of the body equally exposed. Let them be gently washed each day, adding to the water used a little tincture of myrrh or one third part of tincture of arnica, if the use of such preparation is more satisfactory to the subject, and each night apply simply a little cocoa butter or vaseline.

But the labor is over—and here danger comes from too early, too late, too frequent, and too long-continued application of the infant to the breast. To apply the baby to the breast immediately after it is born, washed, and dressed is a mistake, but to delay the application for two or three days is a greater one. Let this application be made eight or ten hours after labor, and repeated once in six hours until the secretion is established, when the interval may be two hours at first in the day and four or five hours in the night. Feeding the baby ought to be absolutely and positively proscribed, unless in very exceptional cases; for, with its appetite thus half or entirely satisfied, it dallies in nursing, keeps the nipple a long time in its mouth, and thus the skin is as surely softened and ready to be detached in parts as the skin of any part of the body would be by the continuous application of a warm poultice. "Have the infant quit when it gets done," may seem a homely form of expression, but it is a rule of importance. After every nursing the nipple should be dried with a little tissue paper, it should be washed occasionally, and a little of one of the oily applications previously mentioned made twice a day. If the secretion be scanty and the child vigorous there is danger of the nipple suffering—the strong sucking made from hunger instinct is likely to cause injury of the skin. Of course the prophylaxis here will consist in increasing the milk secretion. Should any abrasion of the nipple occur, the compound tincture of benzoin may be applied to the injured surface, but not to the entire organ. Should great pain be produced when the baby nurses, a nipple shield is to be sought.

It is a very difficult matter to say how long nursing may be continued safely once fissures of the nipple have occurred, how long we may wait hoping to heal them letting the nursing go on. Certainly there is a time when the continuance of the nursing, the nipple being unhealed, must in a given case inevitably lead to mastitis. I do not know the boundary line. This much, however, is certain, that if mastitis occurs the infant must not any longer nurse the affected breast.



## PARALYSIS.\*

BY C. S. BOND, M. D.

The differentiation of living tissue is the result of outside forces acting on the protoplasm of vitalized cells. Any force from without causes a greater or less disturbance among these cells, and its effect is allowed to pass inward in proportion to the ease with which the cells are moved. A very highly unstable chain of such cells, running from the surface of the body to some cell or collection of cells in which this force is manifest in other forms, is a nerve of the lowest order. The same forces acting on all portions of the same body would find many such chains of cells and terminal cells or ganglia. Finally, these ganglia would communicate with each other, with nerves, and nerves merge into nerves, from the law of force traveling in lines of least resistance. In the lowest order of animal life this differentiation of nervous tissue is very imperfectly accomplished, and no central ganglion is formed which retains an external force for a great length of time, as is the case in higher animals. Nervous development proceeds from without inward, and the higher the animal the more fully is the central ganglia developed. In these ganglia in the lower orders of life an external force is converted into nerve force, and is passed as such to the surface, where it performs a function by being connected with the motor apparatus.

In the higher orders the external force may be reflected in the small ganglia near the periphery, in the deeper centers of the spinal cord, or be carried to the brain to be stored up as memory for an indefinite length of time. Every nerve either passes from an irritable surface or to muscular fibers near that surface, there being no real difference between these nerves, save their function. The nerves which are exposed to irritation are called sensitive and transmit sensation, whereas the nerves

\* Read before the Wayne County Medical Society, March 13, 1884.

which terminate on muscular fibers produce contraction of these fibers, and from this function are called motor.

A sensitive nerve will not produce motion, because not attached to muscular fibers; and, on the other hand, motor nerves do not produce sensation, because not attached to sensitive terminal corpuscles, and therefore not able to respond to external irritation. Usually sensitive nerves are looked upon as conducting from without inward, but if the nerve be cut and turned in the opposite direction the conduction will take place as before, showing that the nerve cells will transmit in either direction. In mixed nerves the sensitive fibers are distributed to the integument immediately above the muscles supplied by the motor branches, and both sets of fibers are soon inclosed in the same sheath. A ganglion is always at the internal extremity of a nerve, be that nerve either motor or sensitive. These ganglia are so constructed as to change all force which is brought into them into nerve force, whether from external irritation or internal chemical changes. These ganglia are connected together, thereby uniting all parts of the nervous system with the central ganglia of the brain. The force which is stored up in this center is presided over by volition, and is demanded at certain times to pass to special groups of muscles.

It will be seen from the foregoing that any cause, either external or internal, which retards or completely checks these forces, will, at the same time, produce a partial or complete abolition of function, which is that manifestation of disease known as paralysis. Paralysis is, therefore, only a *symptom* of disease, and has no more right to be called a disease than pain or cough.

Nerve force may be prevented from performing its function from any or all of the following causes:

1. The peripheral extremities of nerves may be destroyed permanently or temporarily.
2. The nerve is unable to conduct nerve force because of disease of its elements from complete or partial separation of its fibers, or from compression.
3. The central ganglia may be diseased, and thus check or

stop the changes in this region, thereby interfering with or completely cutting off the peripheral manifestation.

4. The motor apparatus to which nerves are attached may be impaired or totally disabled.

Now the causes which may produce these various conditions are legion, but are not important only so far as the extent and seat of the lesion is concerned. If the cause be wide-spread its effects will involve greater areas than if otherwise in any particular locality. The point at which an injury is received by nerve cells is the most important question in regard to the extent and fatality of such lesion, as well as the organs these lesions affect. If we had an animal with only one nerve, which passed to a single nerve cell, and this cell were connected by a nerve trunk to one muscle, we then should have the simplest conceivable nervous apparatus. In this hypothetical animal an injury to any part of his nerve system would limit or completely check nervous manifestations. If two nerves are conceived coming from two very different cutaneous surfaces and passing to a single ganglion, and the other conditions being the same as before in regard to motor apparatus, disease in one afferent nerve would not destroy all nervous phenomena, since the other will still respond to irritation, as shown by contraction of the muscle. If, again, two efferent nerves pass from this ganglion with two afferent nerves, as last supposed, to muscles widely separated from each other, an irritation of one cutaneous branch would set in motion two muscles, and destruction of one afferent nerve would not destroy the function of either efferent nerve. If, now, the ganglion in either case be destroyed, both irritation and motion are at once shut off, thus showing how slight may be the lesion to produce extensive effects if only that cause involves the ganglion.

In man the ganglia are themselves arranged along and around a common axis, at one end of which is the common center, directly or indirectly, of all nervous fibers. If this nervous center was composed of one ganglion instead of many united together, a slight cause in this region would destroy all nerve function

and death immediately follow. The fact that these ganglia along this axis are so intimately united makes it very difficult to tell the extent of a central lesion from the peripheral paralysis. Nerves which pass from the extremities pass into the cerebro-spinal axis along two tracks to the brain. The anterior motor tracks cross over in the medulla side to side, and pass into the central ganglia at the base of the brain. The posterior sensitive tracks decussate at the points of union with the posterior nerve roots, and are then found passing into the basilar ganglia.

Any injury, whether traumatic or from idiopathic cause, which partially or completely destroys the function of one or both of these tracks, must cause paralysis of those parts supplied by the nerves which have thus been cut off from the central ganglia. If the right side of the cord be injured and not the left, paralysis of motion will occur in the right side and loss of sensation in the left. If the anterior columns be injured and not the posterior, then motion is lost below and not sensation.

As we approach the brain the anterior and posterior columns after decussating pass into right and left divisions and enter the central ganglia at the base. The anterior columns pass into the cerebellum and into the optic thalamus, from which ganglia they are reflected into the motor tracks on either side the fissure of Rolando. Posterior columns also pass into cerebellum and cerebrum and communicate with the same ganglia as the motor track. Injury to the upper part of the motor track means a loss of function in the lower limbs, while injury to the lower portion of the track involves the same effects in the upper extremities. Destruction of cells in the brain affects both motion and sensation in the opposite side of the body.

As soon as we have learned the exact termination of all the afferent nerves, and their interdependence with other nerves and ganglia, we shall be able to tell the location of every nerve lesion, but at present we are ignorant of the minute structure of the brain and spinal cord, and must content ourselves with these general statements, and study nerve lesions in groups rather than



in single nerves. Fortunately the laws that have already been given for nerve fibers will apply as well to nerve trunks.

Having now glanced at nerves as conductors of forces, and the results of these forces being partially or wholly cut off in some portion of the nerve track, let us consider the effect of these obstructing causes on the nerve elements themselves and the organs to which they are attached at their periphery. The first effect of injury to a nerve is, as has been said, to check or stop the transmission of force through its cells. Shortly after this—in two or three days—the medullary structure begins to pass into fatty degeneration, and appears as so many drops of oil beneath the sheath of the nerves, the axis cylinder turns in color slightly and becomes less in diameter. Even after the nerve has passed into a condition of apparent death, if the cause producing the primary lesion be removed, the nerve will again be restored as perfect as before, showing that although the nerve cells ceased to perform nervous functions still they possessed all the properties of such cells. If disease originates in the nerve cells and extends from cell to cell, the change will be in proportion to the tissue involved, and generally is much less marked than in cases of traumatic causes. The muscle to which nerve force is no longer supplied also undergoes fatty degeneration in some parts, but the principal change consists in a shrinking of its fibers and an increase of interstitial tissue. These changes take place because it is necessary to assimilation that nerve force should be present, and secondly that the muscle no longer performs a function. If the muscle affected be the circular fibers of a small arteriole, the effect is to cause permanent dilatation of the capillary to which this artery leads, and engorgement of blood results. In this way the whole capillary system may be involved from great external irritants, causing partial or complete paralysis of the small arterioles. If nerves lead to a viscus or organ of special sense, loss of function in that organ will be the result, to the extent of the nerves totally injured.

In the treatment of all nerve diseases we should first consider nerves as conductors of force, and that a failure to perform such

an office depends upon some obstruction, either external or internal, to the nerve proper, and should therefore first remove, if possible, the cause of obstruction if practicable. In the vast majority of cases this can not be done, and we are left with very little that is of benefit, except to support the general health of other tissues, and pass through a quantity of electric force, which is so similar to nerve force that it is supposed to keep in activity the nerve cells that have been wholly or partially cut off from nerve force.

In this hasty sketch I hope to have shown, to some extent at least: (1) The origin of nerve force. (2) How nerves are developed, their distribution and function. (3) That paralysis is only a symptom of disease, and should not, therefore, be treated or spoken of as a disease. (4) The general causes of paralysis in all regions of the nervous system. (5) The extent of injury due to lesions in different ganglia and nerves. The changes in paralyzed nerves and muscles, and the effect of these changes. In short, I have tried to point out some of the fundamental principles underlying this most complex subject when studied in detail.

RICHMOND, IND.

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## ON INJURIES OF THE HEAD.\*

BY DAVID PRINCE, M. D.

One circumstance has changed the probabilities of results in relation to the exposure of surfaces with complicated forms to the open air. This applies to compound fractures of bones, to the opening of joints, and to the exposure of the substance and membranes of the brain. This circumstance is the discovery of antiseptics which are capable of preventing putrefactive changes without poisoning the living tissues with which they come in contact.

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A great impetus was given in this direction by the observations made during our civil war. The substances employed were iodine, bromine, permanganate of potash, sulphate of zinc, corrosive sublimate, and other agents, with very great improvement in the behavior of wounds. The discovery of the antiseptic properties of carbolic acid in the cleansing of drains led Mr. Joseph Lister to apply this agent to the treatment of wounds in the Royal Infirmary of Glasgow in the year 1863. Since then, carbolic acid has taken the lead of all other antiseptics as an agent of universal application to denuded, torn, or incised surfaces. The employment of this agent in the treatment of open wounds of the head has rendered of no account the maxims drawn from previous experience.

Questions have often arisen as to the propriety of opening the scalp to explore the condition of parts beneath, whether they might be contused, torn or fractured, or whether the seat of effusion of blood; and the rule of conduct has been quite generally interpreted against interference, on account of the fear of inducing fatal cerebral inflammation. The nature of the parts favors this occurrence. The dura mater is loosely attached to the cranium without and to the arachnoid within. The arachnoid itself, if cut or torn, affords hiding places for putrefactive processes impossible to reach by any cleansing agency. The induction of putrefactive changes in all or either of these spaces is almost necessarily fatal from the delicate sensitiveness of the brain substance to neighboring inflammation, and from the readiness with which the affected surfaces absorb septic material.

In view of this consideration, it may readily be asked why any cases escaped in which antiseptic agents were not employed, in the circumstance of the opening of these parts to the air? The answer finds itself in the fact that an abundant fibrinous exudation, having a rapidly organizable property, affords a protection against putrefactive changes. Only dead parts can go into putrefaction. A firm organization of lymph seals up all avenues and no food is afforded for bacterial life. This firm

organization implies, however, a vigorous vitality. Here is a difference of circumstance which can not always be measured beforehand by any signs. There may be the appearance of health and yet the organization of exuded products may be slow. In other cases there may be an enfeebled state of health and yet a condition of speedy organization and perfect union by the first intention.

The particular value of antiseptic agents lies in the power of holding back putrefactive processes so that the behavior in cases of slow or feeble organization shall be like that in the cases of rapid and firm organization. By this means, the cases that would otherwise go badly are induced to proceed like the cases that do well *without* antiseptic agencies. This is the very point in the change of maxim in the treatment of wounds of the head. The severest injuries with exposure of surfaces to the air have recovered with wonderful exemption from serious symptoms. It is believed that an early and persistent employment of carbolic acid in a dilute watery solution will greatly increase the number of cases in which the progress toward recovery will be free from putrefactive changes. A one-per-cent solution in a cold fomentation of several folds of muslin and wet anew every twenty minutes, is the formula of practice. The temperature is made to conform to the sensation of comfort if the patient is conscious, and a little below that of the body if not conscious. The liquid penetrates all open surfaces and restrains the activity of putrefactive agencies at the same time that effusions and exudations have free openings for escape.

This is a necessary preface to the consideration of the question of the propriety of opening through an unbroken skin in order to raise a fractured portion of the skull, or to relieve the brain from the pressure of effused blood. It is believed that the danger of putrefactive changes is removed by the management here suggested. The maxim is then clear—

1. To cut through the skin and elevate portions of bone known to be depressed, and especially in all cases of puncture of the skin by pointed instruments or in cases of the penetra-



tion of the skull by cutting instruments. In these cases the inner table may be assumed to be depressed.

2. To cut through the skin and examine the condition of the bone in cases in which the deposit of a considerable amount of blood has resulted from a blow on the head by a heavy body, or in cases in which the head has been struck by some other body with great force and in which the state of the bone is hidden under an extensive effusion of blood, and in which the symptoms of concussion or compression imply serious injury.

3. The antiseptic measure may embolden the operator to go further and not only trephine a fissured skull which is not apparently depressed but to open the dura mater in cases in which it bulges into the trephine hole. The absence of the probability of septic complication justifies the expectation of the same readiness of healing in these parts as in wounds of other organs.

Experience justifies the belief that the safety of the patient is greatly enhanced by the relief from blood-pressure by the course here suggested, instead of trusting to nature to secure the absorption of the whole of the bloody effusion.

It is further suggested that the time for this interference is before the development of alarming symptoms. In this suggestion there is nothing different from the proper management of wounds of other parts, only in this, that in cases of injury of the head it is of the greatest importance to anticipate the development of inflammation, by incisions of soft parts, by the removal or elevation of depressed bone, and by the discharge of effused blood.

*A case of practice based upon the maxim advocated in this paper:* A fifteen-year-old boy was struck on the head by the limb of a falling tree over the left parietal bone, producing a state of unconsciousness and resulting in a large effusion under the scalp. The concussion was very profound, so that he only responded in a fretful manner on being disturbed by some painful impression. The stupor was becoming more profound at the time of the observation, four or five hours after the injury, but no marked symptom of compression had appeared.

It was determined to cut down upon the cranium, and there was found a linear fracture, the fractured borders being separated a millimeter without depression of the surface. The trephine covered the fissure, and after the included plates of bone were removed the dura mater bulged strongly into the trephine hole. This condition was interpreted as implying the effusion of blood beneath. A free incision was made in the protruding dura mater, liberating some bloody serum, but no attempt was made to dislodge the coagulum. The stupor did not further increase, and in about a week he began to be conscious. No stitches were taken. Some iodoform was dropped into the wound and a compress was laid loosely over the wound, to be wet with a one-per-cent solution of carbolic acid every twenty minutes, night and day. He had no untoward symptoms afterward, and recovered in six weeks, having no unpleasant sensations in his head or any feelings different from those he experienced before the injury.

It may be mentioned here that the writer has not seen a case of hernia cerebri treated by the perpetual wetting with a weak watery solution of carbolic acid.

In this case there was deep concussion but not marked signs of compression, and yet the cranium was so full that the dura mater filled the trephine hole with great compactness. It was impossible to ascertain the condition of the bone without an incision, and though it may be claimed that the exploration did not reveal a condition imperatively demanding operative interference yet the history of the case vindicates the propriety of the treatment.

The condition of an open wound with depression has not been here discussed, because there has never been any question as to the proper course to pursue, viz., to elevate the depressed bone. It may be mentioned, incidentally, that stitches should not be employed so as to interfere with the free discharge of effusions and exudations.

The use of a watery solution of carbolic acid has here been mentioned.

There is an objection to the employment of the dry dressing, including the Lister formula, which may not apply to all other wounds, and that objection is the fact that the shaven scalp, though admitting of tight fitting at first, soon makes a loose joint by the growth of the hairs; and again, if the joint is tight there may be the irritation attendant upon the pressure of exudations and effusions which can not escape, and if, on the other hand, the dressing is loose there may be the entrance of air into cavities which are not reached by the antiseptic which in a dry dressing can not flow into the cavities and keep them full; and again, a dry dressing can not be an agent in reducing rising temperature, and it is in the way if it is attempted to employ wet applications for cooling purposes. The employment of a dry ice-bag over a dry dressing is an unnecessary complication of treatment. Another consideration is, that a cold dry application becomes soon a cold moist application by the condensation of the moisture of the atmosphere.

The wet dressing for wounds of the head secures a perpetual cleansing as well as the desirable amount of coolness. It is not worth while to refer to authorities in the discussion of this question, for opinions based upon experience without the employment of a wet antiseptic mode of dressing are of no value.

The question of the propriety of opening the scalp where the injury itself has not occasioned an opening, and where the symptoms are not immediately urgent, turns upon the efficient use of antiseptics which while efficient do not injure living parts.

The general management is by the nearest possible approach to starvation and by rest to the utmost practicable degree during the period in which acute symptoms are to be feared.

JACKSONVILLE, ILLINOIS.

A CASE OF CROUPOUS PNEUMONIA IN AN INFANT  
NINE WEEKS OLD.

BY O. T. SCHULTZ, M. D.

Erwin, a strong and healthy child of nine weeks, had never been affected with any disease. On March 30th he began to cough, but very rarely, every four to six hours, a short hack. No fever; he sleeps well; breathing not accelerated; he is well in every respect save the occasional hack. On 31st the same general condition, but cough is slightly more frequent, and somewhat harder. The child's crib stands in a small, stove-heated room, and a draft sweeps over it with every opening of the street-door. The weather is fine, bright and sunny, the thermometer ranging 50°, 65°, and 55° through the day; the air, therefore, is raw and uncomfortable except at noon. In the evening the patient is feverish, breathes faster, and cough is evidently painful.

April 1st: Respiration hurried, superficial, 60; pulse 160; temperature 100.° The pain is clearly in the right side of chest. On that side there is extensive dullness, with marked tympanitic sound; the dullness extends to and above nipple; marked fremitus, large and small râles. The upper part of the right lung and the whole of the left are resonant and have no râles; cough dry and very painful.

April 2d—morning: The dullness has lost its tympanitic character; respiration 90–100; temperature slightly above normal; pulse can not be counted; cough rare; face pale, eyes closed; a considerable degree of stupor is present. Refuses “breast,” but takes sugar-water from a spoon with avidity. Bowels open. Marked crepitant râles over the hepatized portion of lung, both behind and before, up to two fingers' breadth above nipple. Sub-crepitant and mucous râles are also present. Left lung remains free from all râles. Gave iodid. mercury grain  $\frac{1}{160}$ , and ipecac.  $\frac{1}{32}$  of a grain, every hour, and ammon. carb.



gr.  $\frac{1}{2}$ , and whisky fifteen drops, every four hours. The bowels becoming too loose as the day advances, the alterative dose is reduced one half.

Evening: Patient a little brighter; respiratory act more complete; sleep more natural, less drowsy; face is pale; takes the "breast"; cough is stronger; brings up a hardened phlegm at times. The local signs are in all respects those of lobar pneumonia in an adult. The left lung remains free.

April 3d: The cough is rare but hard and long. Slept little during night, crying almost constantly, but seemingly on account of hunger, the cough causing vomiting when the stomach is full. Gets angry and fights when the cough comes on; slight feverishness. The pulse as yesterday, respiration reduced to 80. During the day he slept well, and retained milk. In the evening is much brighter and notices his mother. The chest-signs are as yesterday. The stimulant is dropped.

April 4th: Slept well during night. Nurses well and retains food. Begins to laugh when talked to. Respiration 60; pulse 160; temperature normal. The cough is hard and long; it seems hard to bring up the secretion; gets very angry when coughing spell is upon him. Bowels normal. In right lung, soft mucous râles, and increased capacity for air, which goes in better and is expelled more completely. Signs of hepatization still complete.

April 5th: Sleeps well. Is playful. Has fallen off considerably; takes nourishment well; temperature normal; respiration 60. Bowels open. Cough not often, but hard and wearying. A very careful physical examination reveals the following: Left lung clear; an occasional soft rhonchus. *Complete dullness* is present in the lower *three fourths* of right lung. This dullness is less elastic in the lower half of the dull area, but there is no tympanitic tint to the percussion-note as there was on the first day. Increased vocal fremitus. Well-marked bronchophony more notable to-day in upper half of the dull area than in the lower. Râles are crepitant, sub-crepitant, and mucous. In upper part of the right lung an occasional large, loose râle is audi-

ble. Convalescence progressed in a most satisfactory manner, the cough ceasing on the 8th or 9th.

April 12th, the baby has entirely recovered so far as weight and appearance go. An examination shows: Feebleness of respiratory murmur, and diminished respiratory activity over the seat of the inflammation, and vocal fremitus somewhat augmented on this side. Is still taking small doses of hydrarg. iodid. at long intervals.

I have thought this case of sufficient interest to report, because of the rarity with which croupous pneumonia is diagnosed in extreme infancy; and though admitted to occur at all ages, I find, in such medical literature as I have at command, mention of but one case of the affection in a very young infant. This is by Koller, "Croupin Pneumonia in Tübingen," p. 65, and this was furnished by a child fourteen weeks old. My case is further of interest on account of the light grade of fever, the early defervescence, and the readiness with which the organism responded to the remedies employed.

MT. VERNON, IND.

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## INTUSSUSCEPTION—GASTROTOMY—DEATH.

BY W. M. FUQUA, M. D.

Mr. Ryley, fifty odd years of age, blind, previously healthy, was seized after eating his usual breakfast, April 16, 1884, with pains in his abdomen. A few hours later he had a stool, but without relief to his sufferings. Nausea, followed by vomiting, set in. He had never had hernia. During the next forty-eight hours nothing that his physician, Dr. C. R. Cullom, of Bellvue, was able to give him secured any further alvine dejections or lessened the pain, nausea, or vomiting. He had grown steadily worse. I saw the patient at this time, April 18th, with Dr. Cullom. His pulse was 100, countenance anxious and pinched, complained of great pain around the umbilicus and at a point mid-

way between the anterior-superior spinous process of the ilium and umbilicus, where there was a decided though circumscribed elevation. This, I was told, had been observed at the beginning of the attack; it was resonant upon percussion. Nausea constant, vomiting frequent but not stercoraceous, while there were eructations of gas having a fecal odor; rectal examination revealed nothing abnormal. None of the means used—and they were of the best—having made the least impression on these very distressing symptoms, and the patient being clamorous for any measure which gave promise of relief, the operation of abdominal section in order to find and free, if possible, what to our minds was almost certainly an ileus, was proposed. The patient readily acquiesced. The peritoneal cavity was reached through an incision made between the umbilicus and pubis, under chloroform and due antiseptic precautions. On introducing my hand into the abdomen I found a roll of swollen distended intestine at the site of the external swelling I mentioned. Tracing the gut downward I expected to find the obstruction, but finding none, I gently drew out the intestine and carefully examined every part of it. The jejunum and upper half of the ileum were empty, collapsed, and free from congestion or inflammation, such also was the case in the descending colon, sigmoid flexure, and rectum; but the intermediate portion, that is, ascending colon and upper portion of ileum contained a small quantity of semi-fluid fecal matter, was dark, congested, tumefied, inflamed, and at the same time largely distended by gas. I made three punctures of this portion of the gut with a small trocar, with the effect of removing the tension, and thus enabling me to handle the intestine with less risk of injury. A very carefully conducted examination of the entire intestinal tract revealed no obstruction whatever and no other morbid condition than that I have named. Is it possible that in drawing out the bowels I might have loosed a knot or freed an invagination? The intestines were now returned to the cavity and the toilet of the abdomen made after the usual manner, half grain of morphia being given hypodermically, the patient placed in bed and surrounded

by bottles of hot water. In an hour he had recovered from the shock, and expressed himself as feeling comfortable. Was not able to see the patient again; but Dr. Cullom told me he died of peritonitis the fourth day after the operation. Unfortunately no post-mortem was made.

In the Journal of the American Medical Association for September 15, 1883, I reported two fatal cases of gastro-enterotomy, and appended the following remarks, which I copy here as applicable to the case given above. These cases all teach how very difficult it is to diagnose acute intestinal obstruction; they should also teach the danger of delay.

"I place on record these fatal cases because they were fatal. Secondly, that they resulted from the direct effects of acute inflammation, and that our diagnosis was fallacious. It will be recognized that diagnosis is of the first importance, which should be determined in the onset of the case, and, if delayed, many complications must arise which would preclude the accuracy of diagnosis; and when doubt exists an exploratory incision is warranted.

"When a hernia is recognized, and taxis fails, we count it good surgery to release the incarceration, and all experience teaches the longer the delay the greater the danger. Unhappily no taxis, except in an indirect way, can be resorted to in concealed intestinal obstruction, and hence the greater necessity of prompt diagnosis, and corresponding surgical action."

HOPKINSVILLE, KY.



## Reviews.

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**Illustrations of the Influence of the Mind upon the Body in Health and Disease:** Designed to Elucidate the Action of the Imagination. By DANIEL HACK TUKE, M. D., F. R. C. P., LL.D., late President of the Medico-Physiological Association; joint author of the "Manual of Psychological Medicine;" and co-editor of the "Journal of Mental Science." Second American from the second English edition, 8vo., cloth, pp. 482. Philadelphia: H. C. Lea's Son & Co. 1884.

A good many years have passed since the date of the first edition of this work. The appearance of a second edition at this rather late day is a pleasant surprise.

The undue importance attached to what has been aptly called by the Germans the bread-and-butter sciences (*Brot und Butter Wissenschaften*) is one of the results of the utilitarian and materialistic tendencies of our time; therefore, when a book like this, of no direct practical purpose, becomes the recipient of sufficient favor to reach a second edition, it is an indication not only of its great excellence, but also of the approach of better times, when scholarship and the purely intellectual and philosophical will be appreciated aside from merely material bearings.

Dr. Tuke's book is replete with interest. It may be objected that too many of his cases are drawn from the domain of the distant past. This is certainly to be regretted. For the unbiassed and careful investigator of to-day will have no difficulty in finding cases as strikingly illustrative of the influence of the mind upon the body as any drawn by the author from the records of remoter times. It is a most able and scholarly contribution to philosophical medicine, and destined to elicit the attention and interest of all whose thoughts have been turned in this direction.

**On the Pathology and Treatment of Gonorrhea.** By J. L. MILTON, Senior Surgeon to St. John's Hospital for Diseases of the Skin, London. Fifth edition. New York: William Wood & Co., 56 and 58 Lafayette Place. 1884.

Mr. Milton's work, in its several editions, has now been before the public for many years. Those who read it in its first and smaller form will be struck with the many changes of views, opinions, and practice contained in the present volume—changes which we may be allowed to say add, in our opinion, greatly to the value of the book.

The author attempts in the present edition to prove that gonorrhea may, when admitting of removal, be cured without the use of the so-called specifics. "Nothing," the author adds, "has been recommended by myself in this work but what has stood the brunt, not merely of experience, for that I rate rather low, but of special observation. My aim was, as far as possible, to separate clearly what might be looked on as established from what was doubtful, and not merely to prove every assertion, but to place it on such a basis that it could not be disproved."

The volume is one of Wood's Library of Standard Medical Authors, and can not fail to interest every practitioner who is called on to treat the affection with which it deals in a very masterful way.

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**Elements of Chemistry.** By ADOLPH WURTZ. Second American edition, translated and edited by W. H. GREENE, M.D., from the fifth French edition. 1 vol., 8vo, pp. 770, with one hundred and thirty-two illustrations. London and Philadelphia: J. B. Lippincott & Co. 1884.

The author of this treatise occupies a very distinguished position in France, and his work has met with well-merited success there. It is believed that, as it becomes more widely and more thoroughly known on this side the Atlantic, its success

here will be equally great. Much matter of importance has been added to this edition, which is intended to be fully representative of the present state of chemical science. Considerable additions have been made to the portions treating of organic chemistry. The classification of metals has been so modified as to accord with the present atomic theories. These are some of the changes and additions noticed. The volume is in every way creditable and acceptable.

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**A Treatise on Pharmacy.** Designed as a Text-Book for the Student, and as a Guide for the Physician and Pharmacist, containing the *Officinal* and many *Unofficinal* Formulas, and numerous *Extemporaneous Prescriptions*. By EDWARD PARRISH, late Professor of Theory and Practice of Pharmacy in the Philadelphia College of Pharmacy, etc. Fifth edition, enlarged and thoroughly revised by THOS. S. WIEGLAND. With two hundred and fifty-six illustrations.

This great work is too well known to require any thing at the editor's hands save the announcement of the publication of a fifth edition. It is a storehouse of pharmacological knowledge, a grand monument to the learning and industry of its lamented author. It has received most careful revision at the hands of Prof. Wiegland, who has also added much new material. In its present form it embodies every thing in pharmacy which was needed to bring the treatise up to the most recent times.

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**Shakespeare as a Physician.** By J. PORTMAN CHESNEY, M.D.  
1 vol., 8vo, pp. 226. St. Louis, Mo: J. H. Chambers & Co. 1884.

The author, or rather the editor, informs his readers that this volume comprises every word which in any way relates to medicine, surgery, or obstetrics, found in the complete works of Shakespeare, with criticisms and comparison of the same with the medical thoughts of to-day. It is made up of nine

chapters devoted respectively to Obstetrics, Psychology, Neurology, Pharmacology, Etiology, Dermatology, Organology, Chirurgery, Miscellaneous.

A number of incongruous and very inferior wood-cuts here and there interrupt the text and deface the page they occupy.

The book is both curious and interesting, but the "criticisms and comparison with the medical thoughts of to-day" are not always felicitous, and appear in unfavorable contrast with Shakespeare's forcible and noble English.

The book is not without merit, and will probably be read by many, and especially by those in the profession whose previous acquaintance with Shakespeare's works has revealed to them his marvelous knowledge and accurate description of things relating to medicine.

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**Sexual Neurasthenia** (Nervous Exhaustion): Its Hygiene, Causes, Symptoms, and Treatment, with a chapter on Diet for the Nervous. By GEORGE M. BEARD, A.M., M.D. (Posthumous Manuscript.) Edited by A. D. ROCKWELL, A.M., M.D. New York: E. B. Treat, 757 Broadway. 1884. Price, \$2.00.

The task of editing the posthumous manuscript of the late Dr. Beard on Sexual Neurasthenia fell to his former associate, Dr. Rockwell. We are told by the editor that he did little more than arrange the papers in proper order, and fill up gaps here and there where the continuity was found to be broken.

No doubt the labor performed by Dr. Rockwell was one of love, and all who know him will feel sure he has done well with the materials intrusted to him; but, for all that, we can not see wherein possibly the book is likely to serve any really useful purpose.

The "transient and shadowy interest" in the subject of American neurasthenia "aroused," we are told, "by the recent and repeated indorsement of Dr. Beard's views by Herbert Spencer, on his late visit to America" will, we predict, be no



more fixed or substantial in the present work, or that its publication will add to the knowledge already possessed on the subject of which it treats, or that it will in any way add to the reputation of its author.

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**Post-Nasal Catarrh and Diseases of the Nose Causing Deafness.** By EDWARD WOAKES, M.D. 1 vol., 8vo, pp. 224. P. Blakiston, Son & Co. Price, \$1.50.

This very plain and practical treatise is offered by one well fitted by large experience and thorough familiarity with this subject to speak authoritatively and give valuable advice.

The volume is comprehensive in scope and most satisfactory in the practical and thorough execution of the work the author has assigned himself. Nothing connected with catarrh and other nasal affections causing deafness appears to have been overlooked. The illustrations are good, and the mechanical part of the book is excellent.

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**Medical Diagnosis, with Special Reference to Practical Medicine.** A Guide to the Knowledge and Discrimination of Diseases. By J. M. DA COSTA, M.D., LL. D., Professor of Practice of Medicine and of Clinical Medicine at the Jefferson Medical College, etc. Illustrated with engravings on wood. Sixth edition, revised. Philadelphia: J. B. Lippincott & Co. 1884.

In this admirable work a large proportion of American physicians will recognize an old and valued acquaintance from their student days. Like most of those we knew then, this one is much changed, and in many ways; but, unlike a great many men and books whose career has been equally extended, it has steadily improved. Good at first, it has become richer and mellower with each edition. Having reached the dignity of a sixth edi-

tion, having been translated into foreign languages, and been read and admired wherever English-speaking medical men are found, the reviewer has little to do with this revised edition but to announce the fact and to express the hope that the distinguished author may live to see the publication of many more editions of his work, which, next to Watson's Practice, has probably been more read and has been of more genuine service to its readers than any other medical book in the English language.

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**Legal Medicine.** By CHARLES MEYNATT TEDY, M.B., F.C.S. Vol. 3, 8vo, pp. 321. New York: Wm. Wood & Co. 1884.

This volume contains chapters on legitimacy and paternity, pregnancy, abortion, rape, indecent exposure, sodomy, bestiality, live births, infanticide, asphyxia, drowning, hanging, strangulation, suffocation. The work embodies the lectures delivered by the author at the London Hospital during the summer session of 1882. It is constructed on the same excellent practical plan which was followed in the two preceding volumes. The matter is profoundly interesting from a medico-legal view, and includes subjects of the greatest importance to the medical jurist. Each subject is considered with care and marked ability. It constitutes a valuable addition to Wood's "Library of Standard Authors," and is well bound in uniform style with its predecessors.

## **Clinic of the Month.**

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WOUNDS OF THE INTESTINES.—The following paper was read before the American Surgical Association, April 30, 1884, by S. D. Gross, M. D., LL. D., D. C. L., Oxon., LL. D., Cantab. Added to the importance of the subject under consideration, the communication now possesses the mournful interest of being the very last ever written by its renowned and beloved author:

There are few topics in surgery that have received less attention than the nature and treatment of wounds of the intestines. Even our text-books say very little upon the subject, and that little is seldom founded upon original observation. When we consider the frequency of these lesions, their great gravity—if not almost uniform fatality, and the doubts and misgivings with which they are approached by most practitioners—it will not require any apology on my part for bringing the matter formally before this meeting.

While every other branch of surgery has been enriched by papers and monographs almost in countless numbers, the literature of wounds of the intestines is exceedingly scanty, and, in many respects, unsatisfactory. The older writers have transmitted to us nothing of value; and even as late as the close of the last and the beginning of the present century not one of our systematic writers had any fixed or settled notions upon the subject. The author who came nearest to this was Benjamin Bell, of Edinburgh, whose *System of Surgery*, in six octavo volumes, published nearly one hundred years ago, did much to diffuse a taste for surgery, not only in Scotland and England, but on the Continent of Europe and in the United States. It is an interesting fact that the first foundation of a rational treatment of lesions of this kind was laid in this country in 1805, by

Dr. Thomas Smith, of St. Croix, in his Inaugural Dissertation, presented to the Faculty and Trustees of the University of Pennsylvania. His experiments, twelve in number, were performed upon dogs, with a view, mainly, it would seem, of ascertaining the best mode of sewing up wounds of this description, without going at all into the question of their mode of repair. Seven years after this, namely, in 1812, appeared the admirable treatise of Benjamin Travers, of London, entitled, *An Inquiry into the Process of Nature in Repairing Injuries of the Intestines*. His researches were more especially directed to the elucidation of penetrating wounds, and to the proper management of the bowel in strangulated hernia—topics discussed in a very able and scientific manner. In conducting these researches, the English surgeon availed himself of experiments upon dogs, and of the ample clinical opportunities afforded him at Guy's and Saint Thomas's hospitals. I need hardly add that Mr. Travers's essay was one of the most original and important contributions made to surgical science in the early part of the century. The work was not republished in this country, and did not, I think, excite much attention even on the other side of the Atlantic. For a knowledge of its valuable contents the surgeons of Europe and America were mainly indebted to that storehouse of surgical facts, Prof. Samuel Cooper's *Surgical Dictionary*, a work of world-wide celebrity.

Among the French surgeons who in the first third of the present century busied themselves in enlarging our knowledge of the treatment of wounds of the intestines by an appeal to experiments upon the inferior animals may be mentioned, with special commendation, the names of Jobert, Lembert, Gély, Amussat, and Choisy, on account of the peculiar forms of sutures respectively recommended by them.

Convinced that this department of surgery was susceptible of still further investigation, I commenced a series of experiments in 1841, which was continued, with occasional intermissions, until the end of 1843, when an account of them was published in the *Western Journal of Medicine and Surgery*, issued at



Louisville, under the editorship of Drake, Yandell, and Cole-scott. A small edition was also issued in separate form, but, as the printing office in which it had been stored away was soon after consumed by fire, few copies were saved. Hence the reason why such little notice has been taken of my labors. Indeed, the only account I have ever seen of them is comprised in the *Surgical History of the War*.

The object which I had in view in undertaking these researches was, first, to ascertain the process employed by nature in repairing wounds of the intestinal tube; and, secondly—and more particularly—to determine, if possible, the best methods of treatment. The experiments, upward of seventy in number, were performed exclusively upon dogs, as the most eligible animals that could be selected for the purpose. The wound was generally made in the small bowel, not only because it is more readily accessible than the large, but because, when injured, it is more liable to give rise to extravasation of fecal matter, and also, possibly, to high inflammation.

Gun-shot injuries of the bowels, so common during the war of the Rebellion, are more ably and fully discussed in the *Surgical History of the War* than in all other works put together, and what is true of wounds caused by firearms is equally true of other injuries of the intestinal canal. Dr. Otis spared no pains to embody in his chapter on this subject the latest information to be found in the magnificent medical library accessible to the Surgeon-General of the Army and his intelligent and laborious assistants, to whom the profession is so much indebted for our *Army Medical Reports*.

Wounds of the intestines may, like similar lesions in other structures, be incised, contused, lacerated, or punctured, the latter including those made by gun-shot. Incised wounds are occasionally inflicted accidentally upon the bowel in hysterectomy and ovariectomy, and in operations performed for the relief of strangulated hernia. All injuries of this kind of the intestinal tube, whether single or multiple, simple or complicated, derive their chief importance from two sources—escape of fecal matter

and peritoneal inflammation. The accompanying hemorrhage is generally a subordinate occurrence.

The manner in which wounds of the intestinal tube are repaired depends very much upon their character. Simple incised wounds, if properly treated, heal by union by the first intention, as similar wounds involving the skin, muscles, and other structures; that is, the effused plasma soon becomes organized and is transformed into cicatricial tissue. When the suture is carried through the mucous membrane the healing process is more tardy, and, if some of the stitches should give way prematurely, so as to allow the edges of the wound to gap, the union will be effected mainly through the agency of the serous coat. Granulations always form with difficulty, and rarely afford much aid in filling up the breach. In nearly all of my experience upon dogs, I noticed that the wounded bowel at the seat of the injury was speedily glued either to the omentum or to some adjacent coil of intestine, thereby forming, in most cases, an effectual barrier to fecal effusion. Conjecturally, we may assume that a similar occurrence obtains in a human subject. The ligatures, when the ends are cut close, are always discharged into the interior of the tube, the period at which this takes place varying with many circumstances from ten to fourteen days, as the ordinary average, to three or four weeks, as the extreme. Lacerated, ragged, contused, punctured, and gunshot wounds heal in the same manner as incised, but the process is more tardy and more liable to fail. When wounds, of whatever kind, are left to themselves, or to the unaided efforts of nature, the subjects of them either perish from their effects, as fecal effusion, peritonitis, hemorrhage, or septicemia, or, if they recover, their safety is due to the adhesions which the injured portion of the tube contracts with the surrounding parts.

The diagnosis of wounds of the bowel is a matter of primary consideration, as upon its prompt determination the success of our treatment must mainly hinge. The possibility of this will, of course, mainly depend upon the situation in which the bowel is found at the time of the accident. If it has escaped through

the wall of the abdomen, it will generally be easy to find the injured part by the egress of some of its contents, as feces, mucus, or bile, or all these together; and so also when there is a discharge of some, or all, of these substances through the outer wound, although there is no protrusion of the intestine. The coast in both of these conditions is sufficiently clear, so clear, indeed, that he who runs may read and accurately interpret. But it is altogether different when the abdomen has been pierced by a narrow instrument, as a knife or a dirk, or perforated by a bullet. In such an event the bowel does not protrude, and hence the true nature of the case must be solely a matter of conjecture. All that is positively certain in such event is that there is a wound in the wall of the abdomen. The surgeon, especially if called immediately or soon after the receipt of the injury, must be in doubt whether the weapon has entered the bowel or not. In reflecting upon the subject, he recalls the fact that a bullet, a rapier, a sword, or a ramrod has occasionally passed through the abdomen, and, perhaps, even emerged at the opposite side, without in the slightest degree interfering with any of its contents. The records of surgery furnish many such cases.

The two principal signs which must serve to guide us in these uncertain cases are tympanites and a discharge of blood by the anus. The occurrence of tympanites is unquestionably a symptom of great value. Jobert, who was the first to notice it, regards it as the most reliable of all the phenomena when there is no escape of feces, mucus, bile, or other fluid at the abdominal wound, and in this opinion the results of my personal observation fully coincide. The tympanites supervenes at various periods; sometimes almost immediately after the wound in the bowel has been received, and is then always of proportionate diagnostic value; at other times it supervenes very gradually, and in some cases again it does not make its appearance under twenty-four, thirty, or thirty-six hours. However this may be, it is always diffused, not circumscribed, and sometimes reaches an enormous height, the belly emitting a hollow, drum-like sound on percussion, and is then always very painful.

Although tympanites is generally present in lesions of this kind, there are cases in which it is entirely absent, as, for example, when the wound in the bowel amounts to a mere puncture, in which the opening is effectually closed by the protrusion of the mucous membrane, thereby preventing all escape of gas into the peritoneal cavity.

A discharge of blood by the anus I regard as a very valuable symptom of the existence of a wound in the bowel. It is especially valuable when it makes its appearance within a short time after the infliction of the external wound, and when it continues more or less abundantly for some days afterward. As the blood is always intermixed with the contents of the bowels, it seldom comes away in a pure state, but is generally of a dark color and of a grumous consistence.

No useful conclusions can be deduced from the shock and the pain which attend the lesions of this character, since both vary greatly in different cases and in different circumstances, some persons suffering very little, while others, owing to the peculiarities of their nervous endowments, experience extreme distress.

In regard to probing wounds of this kind, the universal sentiment of the profession is opposed to it on the ground that, while it can do no good it would often be productive of great harm by disturbing the relation of parts, and thus endangering fecal effusion. I do not think, however, that this rule should apply to the mural wound. Here a probe, properly used, might at least afford useful information in regard to the direction and extent of the external injury.

In the treatment of wounds of the intestines two leading indications are scrupulously to be kept in view—the prevention of fecal effusion, and the occurrence of peritonitis. To secure the first, the only safeguard is efficient suturing of the wound. A case, it is true, occasionally recovers without any precaution of this kind, but this is owing to good luck rather than to good treatment. There was a time when surgeons, even of great distinction, considered the employment of



sutures in wounds of the bowel utterly useless, if not absolutely detrimental. John Bell, a specious writer and an eloquent lecturer, who flourished in the early part of the century, and one of whose chief delights it was to walk roughshod over the teachings of his predecessors and contemporaries, declared that, if there be in all surgery a work of supererogation, it is the sewing up of a wounded gut. He taught that there was no peritoneal cavity, and that, consequently, there could be no fecal effusion in wounds of the bowel. The illustrious Scarpa, of Italy, for a long time the only great surgeon of that country, was equally prejudiced against the use of sutures; he considered them not only useless, but even dangerous. The practice in those days, and even at a much later period, was, in all lesions of this description, to pass a suture through the wound, and to bring out the ends at the external opening, a practice necessarily and inevitably followed by an artificial anus, and one by no means always, if indeed generally, free from the risk of fecal extravasation. The late Professor Gibson, of Philadelphia, writing in 1838, advocates a similar procedure; and Professor Syme, of Edinburgh, four years later, expressed himself to the same effect. These views may be regarded as a pretty correct expression of the teachings of surgeons in regard to this class of injuries forty-five years ago, notwithstanding the light that had been thrown upon them by Travers, Sir Astley Cooper, Lawrence, and others in England, and Jobert, Lembert, Gély, Choisy, and others in France.

The question here naturally arises, Should all wounds of the bowel, however small, be sutured? Upon this subject there was certainly, till recently, if indeed there is not still, some diversity of opinion. Dionis, Palfin, Heister, and Sabatier state that enterorrhaphy is unnecessary when the wound does not exceed the diameter of a goose-quill or a penknife; and views of a similar nature are to be found in other writers, as Sharp, Richerand, Boyer, and Jobert. On the other hand, there are surgeons who are opposed to the return of the bowel into the peritoneal cavity, however small the intestinal wound, without

the employment of sutures, lest fecal extravasation should ensue. The great Benjamin Bell, of Edinburgh, writing near the close of the last century, holds, in the midst of the darkness that surrounded him, the following emphatic language: "However small a wound," he says, "of the intestine may be, it ought always to be secured with a ligature, for although it is alleged by some that we should rather trust to nature for the cure of a small opening than to insert a ligature, to me it appears that the opinion is by no means well founded, insomuch that I would not leave even the smallest opening that could admit either feces or chyle to pass, without stitching it up. Much danger may ensue from omitting it, and the hazard of the patient can not be increased by the practice being adopted."

This advice of the sagacious Scotchman, so clearly and emphatically enunciated nearly a century ago, is now the universal practice in all cases of wounds of the bowel, however diminutive, based as it is upon the well-ascertained fact that enterorrhaphy, when properly performed, is a harmless operation as compared with the risk of fecal extravasation and the consequent certainty of peritonitis.

It was with a view of testing this very matter, by determining how far even a small wound of the bowel might safely be intrusted to nature for a cure, without the aid of sutures, that I was induced to undertake the elaborate series of experiments alluded to in the opening part of this paper. These researches afforded abundant proof of the correctness of Mr. Bell's views; for, although I found that the wound, when it did not exceed two lines, or the sixth of an inch, was always closed by the intrusion of the mucous membrane, yet this did not always protect the parts from the effusion of fecal and other matter. Hence I have ever since laid the greatest stress, both as an author and as a public teacher, upon the importance of close suturing in all wounds of the intestines, however small. It is easy to conceive that even a very small wound, although completely occluded by the mucous coat at the moment of the restoration of the bowel, might, by the transit of stercoraceous matter, or by violent per-

istaltic action, become so unlocked as to admit readily of the escape of fluid or solid substance into the peritoneal cavity. Let it ever be borne in mind that the smallest possible quantity of fecal matter would be sufficient, certainly in many cases, if not in all, to light up fatal inflammation; and let this fact serve as the key-note to our practice in all cases of wounds of this description.

Judging from the results of my own observations, I have long been of the opinion that there are only two sutures that should ever be employed in sewing up a wounded bowel. These are the continued and interrupted, with the modifications of the latter by Lembert and Gély. As to Jobert's method, which consists in invaginating the ends of the bowel, when completely cut across, so as to place the two serous surfaces in immediate contact to facilitate their prompt union, the operation is not only extremely difficult, but very liable, even if successful, to be followed by more or less contraction of the tube at the seat of the injury, thereby interfering more or less seriously with the transmission of its contents.

The interrupted suture is, as a rule, preferable to the continued in all wounds of the bowel, whatever their extent or direction, whether they embrace the entire caliber of the tube or only a limited portion, and whether they are circular, oblique, or longituninal. The operation executed with a long, slender sewing-needle armed with a thin but strong, well-waxed silk thread, is comparatively simple, affords ample security against fecal effusion, and is never followed by injurious contraction of the tube. The sutures should be placed not more than one line and a half, or the eighth of an inch apart, and the ends, tied in a double knot, should be cut off close, so that, in time, the sutures may find their way into the bowel and be discharged along with its contents. I deem it very important that each suture should be fully one line from the edge of the wound, and that the needle should be passed deeply through the wall of the bowel instead of embracing its entire thickness, an arrangement which would almost inevitably be

followed by more or less puckering, and by the consequent retardation of the cure. The operation of uniting the bowel where the division is complete will be greatly facilitated if the first suture be inserted at the mesentery and the second immediately opposite.

The best, certainly the safest, ligature for suturing a wounded intestine is ordinary sewing-silk, well waxed, and inserted with a long, sharp sewing-needle. The carbolized catgut ligature is liable to give way prematurely, and should therefore be avoided. In the modification of this suture by Lembert, the object is to invert the edges of the wound so as to bring the two serous surfaces in immediate and firm contact to establish, as it were, union by the first intention. Great advantage has been claimed for this form of suture, but this is not so apparent when it is remembered that, unless great care be taken in introducing it, it is liable to be followed by more or less contraction of the tube. In making this suture, the needle makes two dips on each side of the wound instead of one, as in the ordinary procedure. \*

"Gély's suture, which is merely a modification of that of Lembert's, is made with two needles inserted near the angle of the wound, about one line from its edge; they are then carried along the interior of the bowel, parallel with the wound, for the sixth of an inch, when they are brought out precisely at the same level, so as to appear again on the peritoneal surface. The threads are then crossed, the right needle being passed through the puncture made by the left, and conversely, when the ends are firmly tied and cut off close as in the ordinary operation. The number of sutures varies, of course, according to the extent of the cut. In this way the edges of the wound are thoroughly inverted, and consequently all danger of fecal effusion is prevented; the coaptation, in fact, is so accurate as to conceal the ligatures."\*

The treatment of wounds of the bowel by the continued suture has afforded good results in my experiments upon dogs. The chief objection to it is that it leaves the edges of the wound in an uneven, puckered condition, which interferes perhaps

\* Gross's Surgery, vol. ii, p. 613, sixth edition.



somewhat with rapid union. This, however, may be prevented in great degree, if not wholly, by the employment of a double thread, after the fashion of the glover, although I do not consider this at all essential to success. Of the seventeen experiments performed with a single ligature, not one terminated fatally. The wounds in two of the cases were transverse, oblique in three, and longitudinal in twelve. The wound in one of the latter was six inches in length. The dog, a large, old one, was killed on the twentieth day, when every trace of suture had disappeared, with the full restoration of the caliber of the tube. I must not omit to state that in all these experiments the suture was passed through the fibrous tunic of the bowel, or, in other words, outside the mucous membrane. We have here, then, also a very valuable suture for sewing up wounds of the intestines, especially well adapted to the treatment of longitudinal and oblique wounds; not so well, I think, to the treatment of transverse ones as the interrupted.

The suturing of the wound having been completed, and any foreign substance that may be present removed, the bowel is restored to its natural situation, followed by the omentum, in the event of its prolapse. It is hardly necessary to say that the protruded structures should be treated in the most gentle manner; any wiping that may be required should be performed with the softest cloth, and all firmly adherent matter should be picked off with the forceps. Generally speaking, the best way of cleaning the parts is to make free use of the syringe, charged with warm water. The operation may be completed with a one-to-one-thousand solution of corrosive sublimate. The return of the bowel will be materially facilitated by the use of a little olive oil. If any serious obstacle offer, it must be surmounted with the probe-pointed bistoury, or by puncture of the tube, if it depend upon the presence of gas. The wound in the wall of the abdomen should be closed in the same manner as in ovariectomy, the sutures being carried through the peritoneum so as to protect the parts effectually against hernial protrusion, a thing never to be lost sight of after such lesions.

The question arises here, What should be the conduct of the surgeon when the bowel is wounded, but not prolapsed, owing to the small size of the mural opening? I do not think that I can answer this question better to-day than I did forty years ago, when we knew comparatively little of abdominal surgery, and when the most visionary enthusiast could not have dreamed of half the triumphs that have since awaited it. The case in question is a suppositious one, and is thus stated: "A man, after having indulged in a hearty repast, receives a penetrating wound in the abdomen from the thrust of a dirk or knife; the bowel is pierced, or, it may be, nearly divided, and there is a copious discharge of fecal matter, both externally and into the peritoneal cavity, as is evinced, in the latter event, by the excruciating pain, the gastric oppression, and the collapsed condition of the sufferer. Here the most prompt and decisive measures must be resorted to, or the person will perish from peritoneal inflammation with as much certainty as if his skull had been fractured and a portion of his brain had been let out. It will not do for the surgeon to fold his arms and look upon the scene as an idle and disinterested spectator. Far otherwise; he has a duty to perform, and that duty consists in dilating the external wound, if it be not already sufficiently large, in hooking up the injured bowel, and in closing the solution of continuity with the requisite number of stitches, at the same time that the effused matter is carefully removed with tepid water and a soft sponge. All wiping must, of course, be carefully avoided, as this would add much to the risk of peritonitis.

"By the above procedure, which, under the circumstances pointed out, I should not hesitate to pursue, the patient is not placed in a worse condition than a female who has undergone the cesarean section, or a person whose abdomen has been ripped up in the first instance; recovery from both of which is not, as is well known, of infrequent occurrence."\*

It is a rule with all educated surgeons to do the work which

\*An Experimental and Critical Inquiry into the Nature and Treatment of Wounds of the Intestines. Pp. 341. Louisville, 1843.

they are called upon to perform in as complete and thorough a manner as possible, and nowhere is this precept of greater importance than in the treatment of wounds of the intestines. A case recently reported by Professor W. O. Roberts, of Louisville, Ky., will aid me in illustrating my meaning. A man was cut in the abdomen with a pocket-knife; the wound was three inches long; the bowel protruded, and was pierced at two points, one opening being of the size of a common lead-pencil, the other of a pea. The knife in its passage had stripped off the serous membrane over a space of one inch by one quarter. There were two slits in the mesentery, each one inch in length; and the patient had lost much blood. The mural wound was closed by sutures which embraced only the skin and superficial fascia. None of the bleeding vessels had been secured, and active bleeding was still going on from three points in one of the wounds in the mesentery, the other being occupied by a clot. It was in this condition that the man was found by Dr. Roberts, shortly after his wounds had been dressed by another surgeon. Satisfied at a glance that the case had not been properly managed, Dr. Roberts re-opened the mural wound, secured the bleeding vessels with carbolized catgut ligatures, stitched the openings in the gut more thoroughly, washed out the peritoneal cavity with hot carbolized water, and closed the abdominal wound with deep sutures, completing the dressing by inserting a drainage tube in the lower angle of the wound. Under this treatment, with proper subsequent care, the man made a rapid recovery. Had the dressing originally applied been allowed to remain, death would have been inevitable; either from hemorrhage, peritonitis, or peritonitis and septicemia.\* The case affords a happy exemplification of hasty, careless, slovenly surgery on the one hand, and of thoughtful, wide-awake, scientific surgery on the other.

The therapeutics after all such lesions is sufficiently simple. The great point is to prevent peritonitis, or to combat it, if it takes place. The posture should be such as to relax thoroughly

\*American Practitioner, January, 1884.

the abdominal muscles. The bowels should be locked up with opium to prevent peristaltic action, and nothing but iced water or pounded ice, aided, if there be much gastric distress, by a small allowance of dry champagne, should be permitted during the first three or four days. Oppression from gas should be relieved with injections of turpentine and assafetida. Peritonitis should be met with leeching, followed by vesication with cantharidal collodion, and full doses of opium; venesection will be proper when the patient is young and robust. A laxative of castor oil, or of sulphate of magnesium, may be given at the end of five or six days, if there be marked suffering from tympanites. The urine should be drawn off during the first few days with the catheter.

I have, thus far, said nothing of gun-shot wounds of the intestines. Such wounds are generally of a very serious nature, and are therefore liable to be followed by the worst consequences. In the first place, they are nearly always concealed wounds, from the fact that there is no prolapse of the bowel; secondly, such wounds are commonly multiple, as in one of my own cases, in which there were as many as eight perforations—two in the ileum, two in the jejunum, two in the duodenum, and two in the arch of the colon; thirdly, there is always more or less copious effusion of fecal matter; fourthly, great shock, to say nothing of hemorrhage, nearly always attends; and, lastly, most patients who survive the more immediate effects of such injuries are almost certain to succumb to peritonitis. The only rational treatment in such cases is to expose at once, or with the least possible delay, the peritoneal cavity, to stitch up or excise the wounded bowel, and lastly, to clear away all extraneous matter. Excision of the tube is imperatively demanded when the wound is very large, severely contused, or very ragged. Nothing short of this would answer under such desperate circumstances; and even then no sensible surgeon would venture to pronounce a favorable prognosis.

It was my purpose in connection with this paper to offer some remarks on excision of the intestine in gangrene from



strangulation in hernia ; but it has already so far exceeded the limit originally assigned to it that I must confine myself to a few passing sentences.

The first operation that was ever performed for such an object occurred in the hands of Randohr, a German surgeon who flourished in the early part of the last century. His patient was a woman, the subject of a strangulated femoral hernia, and, although fully two feet of her small intestine were removed, complete recovery ensued. This remarkable case remained for a long time a solitary illustration of the manner in which a man, inspired by genius and the gift of prevision, may project himself into the future far in advance of his plodding contemporaries. Toward the close of the last century and the beginning of the present, operations of this kind became more frequent, chiefly through the labors and writings of Sir Benjamin Travers and Sir Astley Cooper, of London ; Duverger, Boyer, and Lavielle, of France ; and Schmidt and Dieffenbach, of Germany. In this country, the first case of the kind occurred in the practice of the late Dr. Charles Luzenberg, of New Orleans, in 1846. The case was one of strangulated inguinal hernia, in which that distinguished surgeon, on the basis of the recommendation contained in my monograph on wounds of the intestines, excised six inches of the ileum and succeeded in curing his patient. Operations of this kind, dating from these humble beginnings, now justly rank among the established resources of surgery. In an article published in the Medical News for March 15, 1884, Prof. S. W. Gross refers to sixty-seven cases of this kind in the hands of different surgeons, nearly all European, of which twenty-one made complete recoveries, two escaped death (with an artificial anus), and forty-four, or sixty-five per cent, perished. This remarkable mortality seems to have been due, not, as one might *a priori* have supposed, to peritonitis, but to the unsound condition of the bowel beyond the seat of the gangrene, a fact of great practical value, and one that should not be lost sight of in operations undertaken for this purpose.

THE MODERN CURE OF HYDROCELE.—Of the curative measures, the one that is most frequently resorted to is the injection of tincture of iodine, either pure or diluted with an equal weight of water, or in the form of Lugol's solution. Unless we greatly mistake, the profession is inclined to regard this operation as being absolutely safe and certain in its results, despite the fact that there are not a few isolated examples of death following its employment, to say nothing of the occurrence of shock, severe pain, undue inflammation, and gangrene of the scrotum, even in the hands of experienced surgeons. That the failures have been underestimated, and that some of its risks are not sufficiently well appreciated, becomes apparent from an analysis of five hundred and twenty-three cases which we have collated from the practice of Billroth, Esmarch, Kocher, Volkmann, Krabbel, Jacobson, Osborn, and Abbe. Of the entire number, the disease recurred in forty-four, or 8.4 per cent, while acute suppuration supervened in five, or 0.95 per cent—two after the use of equal parts of the agent and water, and three after the injection of the compound tincture. It may be remarked that the failures are as common after the injection of one solution as another, and that about three weeks are required to effect a cure.

Within the past decade the treatment of hydrocele by antiseptic incision has been much practiced, particularly in Germany. In this operation, to which the name of Volkmann is attached, the scrotal tissues are freely divided, under the spray, down to the vaginal tunic; bleeding vessels are secured; the sac is opened by an incision of similar length, and syringed out with a three-per-cent solution of carbolic acid, when the edges of the serous membrane and external wound are united with catgut sutures, a short drainage-tube being inserted at the most dependent portion of the cut, and the parts firmly occluded and compressed by carbolized gauze and bandages.

The advocates of this method declare that it is absolutely safe, certain, and rarely attended with surgical fever; but their positive statements are not sustained by an examination of two

hundred and fifty-four cases, recorded by Volkmann, Kuester, Weir, Englisch, Albert, Lister, and Jacobson. Of this number, not only did the fluid reaccumulate in three, or 1.18 per cent, but two patients, or 0.79 per cent died, respectively, of septice-mia and pyemia. In addition to these evils, carbolic acid erythema, abscess in the connective tissue, and partial sloughing of the edges of the wound have not infrequently been observed, and orchitis has now and then been met with. Although a cure is secured in about ten days, the parts remain tender, hard, and swollen for about three weeks in the majority of cases, so that the subject really does not move about with comfort for one month. It should be noted that the advocates of the operation have referred the tenderness and tumefaction to the plastic infiltration of the vaginal tunic, through which the obliteration of the cavity is secured, while its opponents have ascribed it to orchitis and epididymitis. That neither of these views is correct, is shown by a case recorded by Kraske, in the *Centralblatt für Chirurgie*, in which death ensued on the tenth day from intercurrent pneumonia. There was no lesion whatever of the organs referred to; but the swelling was due to a clot of blood undergoing connective-tissue substitution, or so-called organization, at its periphery. The result of this examination led, in the succeeding thirty-one cases in Volkmann's clinic, to the careful securing of all vessels, so that the tumefaction was reduced to a minimum in the majority and was entirely absent in a few. In a second case of death from internal strangulation of the intestine on the tenth day, Julliard was enabled to confirm the statement of Kraske.

The operation of Volkmann has been variously modified, with the view to dispense with a large incision and shorten the duration of the treatment. Thus, Volkmann himself, Reyher, Trendelenburg, and Weir made a small puncture or incision, washed out the cavity with a carbolic-acid solution, and inserted a small drainage-tube. The disadvantage of this procedure is that the small opening may close after the removal of the drain, before firm adhesions have taken place, through which there will

be danger of recurrence, as happened in one of the nineteen cases which it has resorted to. Jacobson, in three successful cases, opened the sac by a cut about two inches long, and excited the formation of granulations by inserting a narrow strip of gauze soaked in carbolized oil. Finally, Julliard incises the sac freely; removes with the scissors or spoon any pathological products which may exist on the vaginal tunic, the testicle, or the epididymis; ties all bleeding vessels; resects the vaginal tunic, so as to leave enough to cover the testicle and the cord; unites the edges of the tunic with catgut sutures; inserts a rubber drainage-tube in the lowermost portion of the external wound, and closes the latter with catgut. Of his fifty-four cases, there was recurrence in one, which was probably due to the irritation produced by the decalcified bone drain, which was found, at the end of fifteen months, to have undergone no change whatever, and one patient died of internal strangulation in ten days. Hence, of three hundred and thirty examples of antiseptic incision of the sac, there were two deaths, a mortality of 0.6 per cent, and five recurrences, or a percentage of 1.5. These disadvantages and risks are offset by the short time required to effect a cure, although the parts remain swollen and tender for about three weeks.

Antiseptic incision has materially increased our knowledge of the changes which occur in the sac and its contained organs. Thus, in the fifty-four cases recorded by Julliard, and in sixty-nine reported by Genzmer, from Volkmann's clinic, in the *Sammlung klinischer Vorträge*, or in a total of one hundred and twenty-three, cysts were found on the vaginal tunic, the testicle, or the epididymis in forty-three, the testicle and epididymis were enlarged in twenty-three, the vaginal tunic was thickened in fifty-four, false membranes were present in twenty-six, and free or attached foreign bodies were met with in three. These abnormal products are regarded by some teachers as being the cause of recurrence after the treatment by injection; but we are of the opinion that they indicate merely that disturbances in the secretory apparatus of the male genital organs occasion hydrocele as well as the lesion referred to.



For the past three years, Dr. Levis has resorted to the injection of from thirty to sixty grains of the deliquesced crystals of carbolic acid into the sac, but with what results we are not informed, save in the general statement that the treatment has been almost uniformly successful. The method is certainly painless, is not productive of shock, involves no trouble, and is speedily carried out. The patient need not keep his bed longer than a few days, but the swelling does not disappear, on an average, before the expiration of one month. Of eighty-two cases, in the hands of Weir and Abbe, suppuration occurred in three, in one of which the sac sloughed; but the amount of the agent used—from two to three drams—was too large. In a fourth case the sac rapidly filled with bloody serum, which had to be let out. These drawbacks may be met with even when a small quantity of the remedy is employed. Thus, in two cases under our own care, the injection of one dram was followed by a large effusion of blood into the sac, an accident which is doubtless due to the separation of the endothelium and the rupture of the underlying vessels of the vascular connective tissue. Suppuration ensued in a case recently treated with twelve minims by Abbe, and in one, now in the Jefferson Medical College Hospital, from the injection of half a dram. No death has as yet been recorded; nor has recurrence or carbolic-acid absorption been observed.

An analysis of the facts contained in the preceding paragraphs warrants the conclusion that antiseptic incision of the sac is too severe for ordinary cases, and that it should be reserved for those in which the vaginal tunic is much thickened, and for examples of recurrence after the employment of simpler methods. Although the injection of from thirty to sixty grains of liquefied carbolic acid, as a curative measure, has not as yet been sufficiently tested, we think that we are justified in predicting that it will prove to be the simplest, safest, and least inconvenient of all the measures heretofore employed for the cure of the very common affection under consideration.

[The prediction contained in the last paragraph of the above

instructive *resumé*, was foreshadowed by Dr. Sandidge, of Edmonton, Ky., in the AMERICAN PRACTITIONER in 1871, based upon the use of carbolic acid in two cases, and though attention has been called on three occasions in these pages to the subject, the credit of the practice is still given by our Philadelphia contemporary to that excellent surgeon, Dr. Levis.—Editor AMERICAN PRACTITIONER.]

A RAMROD IN THE BRAIN.—Dr. Fisher read the following translation: Under the title "A Ramrod in the Brain—Recovery" (*Deutsche Zeitschrift f. Chir.*), Dr. Fischer, of Hanover, relates the following case: By the premature discharge of a rifle the ramrod was shot into the back of a laborer seventeen years old, passing out on the top of the head. The rod was fastened so firmly that the patient was dragged some distance over the ground during an attempt to extract by pulling. Patient was said to have lain motionless in the beginning, with closed eyes, rattling in the throat, not answering questions. A physician arriving soon after found that he had vomited, suffered with nausea, but answered questions correctly. He was then sent to a hospital, about four miles distant, where he arrived three and a half hours after the accident. Fischer found that the rod projected from a point eight centimeters above the left for. supra orbital, to a length of thirty centimeters in an oblique direction toward the left, firmly encircled by the skin, and no bleeding. Upon the neck, below the angle of the right jaw, a hard painful swelling was noticed. Between the right shoulder-blade and the spine, opposite the fourth costal vertebra, a gun-shot wound was found of the size of a penny and with blackened edges. The coat showed a corresponding larger hole, likewise the vest, and the hat a smaller one. The patient gave correct answers, narrated the incident, was able to stand, but felt weak and lay mostly with closed eyes. He complained of pains in the head and upon the right side of the neck; could not see as well as usually; vomited some blood; sputa blood; pulse arhythmic, 60; breathing and respiratory sounds normal. As the ramrod

had the usual button-like expansion on the lower end, extraction had to be made from this point. Without injury to the blood-vessels the button was brought to view by an incision upon the neck six centimeters in length. The rod was then loosened in the cranium by an incision through the skin and enlarging the hole in the bone, which was not fissured, with a hammer and chisel. The rod was then driven downward by some sharp blows of the hammer upon the upper end. By this manipulation the button was driven deeper into the soft parts, against which a change of position availed nothing, so that enlargement of the incision of the neck had to be made by another incision sideward, thus forming a flap which could be drawn aside. It was now possible after several more blows with the hammer, twenty to thirty in all, to carry the lower end over the clavicle and finally withdraw the rod by traction upon the lower end. There was no bleeding; the wound was disinfected, sutured, drained, and the Lister bandage applied over all wounds. The patient was conscious during the whole proceeding, no narcosis being used. The following day he was restless, vomited, lost sight of right eye, although the bulb was normal. Altogether the healing process ran its course without any remarkable disturbance, and on the thirty-fourth day the wound of the skull had healed. Examination of the right eye showed the refracting mediums intact, the papilla had irregular outlines, was opaque, of whitish reflection, somewhat retracted; the blood-vessels were thinner than upon the left eye and atrophic in character. The patient was discharged well on the sixty-eighth day.

Eleven months later the man was able to perform hard labor, to dance, etc.; the right eye remained amaurotic. One remarkable symptom of the case was that the patient could not remember what had happened from the time he had been shot until several weeks thereafter; he knew nothing of the operation, nor even how he came into the hospital, although, as above stated, he was perfectly conscious during the whole time.

Experiments were made in Göttingen, under the direction of

Professors Henle and v. Brum, to define the course of the rod. From these and the symptoms of the case the following course was determined: After entering the back on the right side of the spine, opposite the fourth costal vertebra, the rod passed between the *mus. splenius cervicis* and *m. levator scapul.* without injury to the thoracic cavity. It then passed to the front of the *ven. jugul. int.* and the *art. carot. comm.* near the bifurcation; behind the *m. sternocleido mastoid*, the posterior belly of the *m. biventer*, the *m. stylohyoid*, and *m. stylogloss.*, avoiding important blood-vessels and nerves, also the pharynx, but grazing the right tuba. Behind the posterior edge of the median root of the process pterygoid, the rod passed into the cranial cavity, crossed the right *sin. sphenoid*, passed through the right *canalis opticus*, then upon the *limbus sphenoidalis*, from whence it struck the right gyrus, then passed between the hemispheres upward on the left of the *falx cerebri*. The further passage then lay between the two gyri *fornicati* and immediately in front of the anterior edge of the *gen. corp. callos*, through the left gyri *frontal*, and out through the frontal bone. The fortunate termination of the case was no doubt due to the fact that no important vessels, nerves, or portion of the brain had been injured.

DURATION OF THE MENSTRUAL HEMORRHAGE IN RELATION TO THE DEVELOPMENT OF THE FETUS AT TERM, AND TO MULTIPLE PREGNANCY.—In this paper the author seeks to establish his conclusions on the basis of much statistical material collected in the clinics of Modena, Milan, and Turin. He was led to this research by the idea that by the amenorrhea of pregnancy a so much greater quantity of maternal nourishment was retained for the benefit of the fetus, as the sanguineous loss was greater in menstruation. Not being able to determine exactly the quantity lost at each period, he took its duration as a guide, which, considering the number of his observations, may be regarded as more or less equivalent. As to a longer duration of the menstrual hemorrhage, a corresponding ovarian activity can be supposed; so also the hypothesis may be justified of a more easy



rupture of more ovisacs, and a greater probability of multiple pregnancy. From the analysis of very numerous observations, Professor Cuzzi thinks himself justified in formulating the following conclusions: (1) The weight and length of the fetus at term are in direct relation with the number of days menstruation occupied. The longer the usual period of menstruation, the heavier and larger the fetus. (2) There is a direct relation between multiple pregnancy and the duration of the menstrual period. That is, multiple pregnancy is most frequent in women in whom the period is long and the loss free. (London Medical Record.)

OPERATION ON THE BRAIN FOR THE RELIEF OF LEFT HEMIPLEGIA.—At a meeting of the Pathological and Clinical Society of Glasgow, on January 21st, Dr. Macewen showed a patient whose brain had been operated upon for the relief of left hemiplegia, and who has recovered the power of movement to such an extent as to enable her to walk freely about, though with a paraplegic gait, to raise her arm to the level of her shoulder, and to grasp with considerable power, though there is a deficiency in co-ordination of movement of the hand. She had a syphilitic history. The hemiplegia was preceded by a tingling sensation and numbness of the left arm and leg, which increased until it ended (within six weeks from the commencement) in complete motor paralysis and a deficiency in the perception of touch. The left side of the face was also slightly affected. This was accompanied by mental confusion and loss of memory.

Full antisyphilitic treatment had been tried, along with counter-irritation to the head, previous to her coming into the Royal Infirmary, and while she was in the medical wards of that institution. These did not seem to have relieved in the slightest the condition spoken of above.

Trephining was performed over the middle of the ascending frontal and parietal convolutions. Internal table of the disk removed was found softened and thicker than usual, having on its internal surface a series of projections or roughnesses, some

protruding for nearly one eighth of an inch beyond the general level. A second opening was made over the occipital region, and a similar thickening of the internal table was found. Opposite to the first opening the dura mater was paler than normal, and somewhat thickened. It was elevated, and a false membrane of yellow color and about one sixteenth of an inch in thickness was removed. An incision was made into the brain in the direction of the paracentral lobule, when a gush of grumous red-colored fluid escaped out of the opening. Its quantity was not measured, as it could not have been collected. Approximately, there would be about a couple of drams. The brain pulsations previously were not discernable, but, after the escape of this collection of fluid, it was thought that very feeble pulsations were seen. Some of the surgeons standing by doubted the presence of the cerebral pulsation. The disks of bone were carefully divided into segments and replanted, and are now quite firm. Wounds treated without pus production.

The day after the operation she expressed herself as very much better. On the third day she moved her toes. Within a week she lifted her leg from the bed and stated that she was so much better that she could turn in bed, and believed she could walk. The fingers were moved within a week. Her mind greatly changed for the better, her memory improving and her intelligence becoming much brighter. She can now walk freely about, and does a considerable amount of domestic duty in the ward. She lifts her arm to the level of her shoulders, and can grasp with considerable force.

Dr. Finlayson said that he had lately had the opportunity of seeing this case, at Dr. Macewen's request, in private, and he thought that there could be no possible doubt that the improvement which had taken place was due to the operation. It is known that in such cases as this remarkable improvements do take place as the result of purely medical treatment, but in this case it is certain that the improvement was due to the operation. This method was quite a new one, and depended greatly upon the advances that had in recent years been made in cerebral

localization. It was quite different, too, in its nature from operations on brains injured by violence. Although the case shown to-night was a very successful one, yet advance in such a procedure could scarcely be expected without a certain number of misfortunes. (Glasgow Medical Journal.)

ANGINA PECTORIS IMMEDIATELY FOLLOWED BY PERICARDITIS. At the meeting of the Clinical Society of London, on January 25, 1884, Dr. Donald Hood related the case of a gentleman, aged sixty-five, who, while resting on a sofa apparently asleep, was suddenly aroused by the window curtains being on fire. He quickly jumped up to extinguish the flames, and within half an hour after this exertion he was suddenly seized with severe heart-cramp. Seen shortly afterward by Dr. Hood, he was noticed as being blanched, barely able to speak, heart irregular and fluttering, pulse of peculiarly low tension, with agonizing cramp-like pain over cardiac region. Hot stimulating applications, brandy, ether, opium, were used freely, and the patient slowly lost the pain, and a general improvement of the circulation took place. Twenty-four hours after the commencement of the attack a soft pericardial souffle was noticed; within a few hours it had deepened into a distinct rub. From this time during the succeeding ten days the case assumed all the characters of one of pericardial effusion; the amount of fluid being but moderate, and apparently completely absorbed within the ten days. A fortnight later the patient was found to have a systolic apex murmur, and symptoms of incompetency of the mitral valve rapidly developed. The patient died four months later from syncope, and at the time of death was the subject of cardiac dropsy. No post-mortem could be obtained. Dr. Hood suggested, as a possible explanation of the primary attack, with its subsequent train of symptoms, that the patient was the subject of some fibroid degeneration of the heart. Roused from sleep by the flames, his alarm and exertions caused a sudden distension of the heart cavities, which possibly gave rise to some lesion of the visceral layer of pericardium, and so started the pericarditis.

In support of this hypothesis, Dr. Hood called attention to the series of cases of fibroid disease of the heart, collected and published by the late Dr. Fagge in the twenty-fifth volume of the Transactions of the Pathological Society, and stated that in more than half of these cases the patients were found to have been the subjects of pericarditis. He further suggested that fibroid degeneration of the heart should be looked upon as a possible factor in those cases of pericardial effusion in which it was difficult to explain the cause of the pericarditis.

Dr. De Havilland Hall gave the details of a case seen by him five years ago, in which a man, aged fifty-six, had suffered from severe pain in the precordial region shortly after a violent and passionate altercation with his son. The pain was still present on the following day, but was somewhat relieved by the use of diffusible stimulants, and of morphia subcutaneously, but never quite disappeared. The sounds of the heart were then normal, and there was no rise of temperature. Within forty-eight hours signs of pericarditis became manifest, a moderate effusion took place, the patient became worse, and died in four or five days.

Dr. Duckworth said that hitherto no clinical connection had been recognized between cases of genuine angina pectoris and pericarditis by any of the standard authors. The classical disease, angina pectoris, was generally relieved by the well-known remedies. But there were other forms of angina, and especially in connection with aortic disease, in which severe cardiac pain was set up, and he considered it possible that the cases related might have been of this class. Chronic mediastinal inflammation, disturbing the nerves of the part, might give rise to cardiac neuralgia. These cases, however, were different from those of true angina pectoris. He thought that probably very few physicians had seen many cases of the latter affection, while the occurrence of cardialgia must be familiar to most observers. Simple cardiac neuralgia, however, was not usually followed by pericarditis.

Dr. W. Ewart thought that it would be of interest if evidence could be brought forward of the extent to which pathological



changes on the heart and great vessels could give rise to symptoms. He had met with many instances of cardiac pain simulating neuralgia, brought on simply by excitement. It would be difficult to explain the occurrence of pericarditis from a purely functional cause; but he thought it possible that there might be an enlargement of the aorta within the pericardium, which, escaping detection, might suffer a slight rupture and so set up pericarditis. He would be inclined to attribute the sequence of events in these cases to some such coincidence. (*Medical Times and Gazette.*)

**A CRUX FOR ANTI-VACCINATORS.**—The account given by Dr. Wright of a recent prevalence of smallpox in the Rumford district strongly emphasizes the value of vaccination as a prophylactic of the disease. The person first attacked was a woman, with whom the disease was complicated by an advanced condition of pregnancy. This case was fatal. The husband was revaccinated and escaped, as did also the children, who had been but recently vaccinated. The inmates of nine adjoining cottages were advised to be revaccinated, but declined, and in consequence eight persons became affected. Ultimately the remaining inmates consented to the operation, and no further case occurred. The sister of the woman first attacked caught the disease while visiting the patient, and was treated at home. Her husband was revaccinated and escaped, but a woman who was in attendance as a nurse obstinately refused to be protected, and contracted the disease and died. (*British Medical Journal.*)

**THE GASTROSCOPE.**—Mr. J. Leiter, of Vienna, has constructed a singular modification of the microscope, to which the name of gastroscope has been given. Its use is for exploring the interior of the stomach. It consists of a metal tube, sixty-five centimeters long and fifteen minims thick, bent at an angle of one hundred and fifty degrees at about one fourth of its length from the lower end. At the lower extremity is contained an incandescent electric lamp for illumination of the interior of the

stomach, and an objective, at the back of which is a prism to reflect the pencil along the length of the tube; at the bend it is again reflected by another prism to the eye-piece. Provision is made for a circulation of cold water to prevent the lower end of the tube becoming inconveniently hot. (Medical Press.)

OVARIOTOMY ON A CHILD OF EIGHT AND A HALF YEARS.—The mother had only noticed the abdominal development during a few days. The tumor was movable and slightly fluctuating. The abdomen was opened, the tumor punctured, and about a quart of a lemon-colored fluid drawn. The left ovary and fallopian tube were implicated. No adhesions. Convalescence was rapid and uncomplicated. Spencer Wells has published one at eight years and another at thirteen years. Péan one at twelve years, the cyst containing hair. M. Ferrier one at thirteen years, the cyst having been punctured several times. All recovered. (*Loire Medicale.*)

LARGE CALCULUS IN A WOMAN.—Surgeon Hunter, of the Bombay Army, reports the case of a woman with symptoms of stone in the bladder. The urethra was dilated for a week with metallic dilators and bougies, when the finger could be passed easily into the bladder. Lithotomy forceps were then introduced and the stone seized, but was found to be too bulky for extraction. The urethra was then incised for half an inch, when a phosphatic calculus, measuring over four inches in circumference and weighing seven hundred and sixty grains, was removed. The patient, two weeks after, well, and with no incontinence.

## Notes and Queries.

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USE OF BACTERIA.—Dr. E. L. B. Godfrey, Ph. D., writes, in the Medical Bulletin: Of what use are bacteria? They are the agents of decay of dead organic matter. All organisms undergo unconscious yet constant changes of their constituent materials during life. Those changes are effected through a delegated and inherited power, and when that power is withdrawn, waste and repair cease, and death ensues. After death the constituent changes of composition and structure are effected through new chemical affinities, and by bacterian germs. Were it not for bacteria, dead organic matter would encumber the earth and destroy its beauty and usefulness to man. If it be true that the constituent materials of organized matter return after death to the inorganic world from which they again become serviceable under creative power to new life; if it is true that the material from which animals and vegetables are molded is limited upon the earth, the same particle must ever be converted from bodies dead into living, in an eternal circle. It is true that nature operates in a circle. The wandering of matter is a scientific fact. And in reducing dead organic matter to its original elements, from which it again becomes serviceable to new life, and, indeed, makes the continuance of life possible upon the globe, bacteria are the agents that maintain the equilibrium between the living and the dead. How insignificant they, the smallest of living organisms, appear when viewed singly! Yet, taken collectively, they constitute an agency of wondrous power.

“Each moss,  
Each shell, each crawling insect holds a rank  
Important in the plan of Him who formed  
This scale of beings; holds a rank, which, lost,  
Would break the chain and leave a gap  
That nature's self would rue.”

TO DERMATOLOGISTS.—In the library of the late Dr. L. P. Yandell are the following works on *Diseases of the Skin, etc.*, which will be sold as a whole or in lots to suit. Persons desirous of purchasing should write to Editors AMERICAN PRACTITIONER:

- Hyde on Diseases of Skin.
- Willan on Skin Diseases. (2 volumes.)
- Diseases of Skin, Squire.
- Newman's Hand-book of Skin Diseases, Bulkley.
- Anderson on Skin Diseases, Psoriasis and Lepra.
- Arsenic in Skin Diseases, Bulkley.
- Skin Diseases of Parasitic Origin, Fox.
- Treatment of Skin Diseases, Lieving.
- Diseases of Skin, Boylston Prize Essay, B. Jay Jeffries.
- Pharmacopeia of British Hospital for Skin Diseases.
- On Certain Diseases of Skin, Geo. Ross, M.D.
- Cazenave on Skin, Bulkley.
- Cook on *Tinia Capitis*.
- Atlas of Cutaneous Diseases, Nelegan's.
- Hebra on Diseases of Skin. (Vols. 1, 2, 3, 4, 5.)
- Wilson on Skin and Hair.
- Diseases of Skin, McCall Anderson.
- Vapor Baths, Basil Cochran.
- Structure and Functions of Skin, Wood.
- Skin Diseases, Fox.
- Anderson on Skin Diseases, Eczema.
- Skin Diseases, Tilbury Fox.
- Cutaneous Diseases, Worcester.
- Diseases of Skin, Wilson.
- Parasites, Jeffries.
- Diseases of Skin, Morris.
- Diseases of Skin, Duhring.
- Diseases of Skin, Duhring. (Second edition.)
- Plates on Diseases of Skin, Wilson.
- Hellier on Diseases of Skin.
- Cutaneous and Venereal Diseases, Mein.
- Classification of Skin Diseases, Dr. Fox.
- Epitome of Skin Diseases, Dr. Fox.
- Diseases of Skin, Kippox.
- Manual of Skin Diseases, Bulkley.
- Skin and Its Troubles.
- Hair, Its Diseases and Treatment, Leonard.



**BEEF PEPTONIDS.**—An elaborate analysis of this new food by Dr. Stutzer, Director of the Imperial Chemical Laboratory, Bonn, Germany, would seem to establish that it is to be the aliment for the sick in the future. Dr. S. says: The exceptionally high nutritive value of this preparation is due to the great quantity of digestible albuminoids present. If compared with other foods in the market, the result would be as follows:

<i>Beef Peptonoids</i> , nitrogenous nutritive matter,	70.29 per cent.
Caviar,	26.00
Beef,	20.00
Fowl,	18.00
Mutton,	18.00
Eggs,	13.00
Bread,	8.00
Milk,	4.00
Liebig's Ex. Meat,	5.00
Potatoes,	1.00

The flavor and odor of the preparation are exceedingly pleasant, and surpass any other preparation of meat with which I am acquainted. The results of my analyses are such as to enable me to pronounce beef peptonoids to be a *most valuable* and *easily digested* nitrogenous food for invalids and convalescents.

**ANOTHER BIT OF ABERNETHY'S ROUGHNESS.**—A certain American in London was dyspeptic and went to consult the great doctor. "What's the matter with you?" asked Abernethy. "Why," replied the American, "I presume I have the dyspepsy." "Ah!" said he, "I see; a Yankee—swallowed more dollars and cents than he can digest." "I am an American citizen," was the reply, "and I am Secretary of Legation at the Court of St. James." "When did you arrive?" "Three days ago." "Ah! then you will soon be cured of your dyspepsia." "How so?" "Well, in the company you'll be obliged to keep you'll have to eat like a Christian." The gentleman did not know Abernethy's peculiarities, and made some sharp reply, on which Abernethy broke out: "I'll be hanged if I ever saw a Yankee that did n't bolt his food whole like a boa constrictor. How the d—l can you expect to digest food that you neither take the trouble to dissect

nor the time to masticate? It's no wonder that you lose your teeth, for you never use them—nor your digestion, for you overload it—nor your saliva, for you expend it on the carpets, instead of on your food. It's disgusting. You call it dyspepsia; I call it guzzling. If you take half the time to eat you do to drawl out your words, and chew your food half as well as you chew your tobacco, you would be well in a month." And Abernethy was right. (Vanity Fair.)

AN OLD MEDICAL SOCIETY.—The Medical Society of London, says the Medical Press, the oldest medical society in this country, if not in the world, celebrated the completion of its one hundred and eleventh year of existence by its anniversary dinner Saturday evening, March 8th. There were many speeches, the most noteworthy being of course that of Prof. Huxley. The "uncrowned king of science," as Sir Joseph Fayrer aptly called him, lauded medicine for what it has done in the past for science, and vituperated the Government for what it is going to do for medicine. Thirty years ago, said Professor Huxley, a medical education was the only entrance to the study of chemistry and biology. Sir Jos. Fayrer made many graceful speechlets, and gave the Fellows the very sound, but rather uncourtier-like advice, not to rely for their success on such incidents as princes' visits, but on their own exertions; to which we may add the advice not to depend too much on their presidents. The Society can not expect to have a succession of Sir Joseph Fayrers in the chair.

DR. A. RANDOLPH MOTT, resident physician at the Riverside Hospital, Blackwell's Island, died May 6th of typhus contracted two weeks previously in the discharge of his duties at that institution. He was twenty-six years old, and was born at Leesburg, Va., where his father is a prominent physician. In 1878 he was graduated from the University of Virginia and came to New York, where he obtained an appointment to the medical service of the work-house on Blackwell's Island. From there

he went to the Randall's Island Infant Hospital and Hart's Island Hospital, also under charge of the Department of Charities and Correction, and in 1881 was appointed to the Riverside Hospital, where he remained up to the time of his death, at the same time holding a position in connection with the chair of gynecology at the New York Polyclinic. The Board of Health has passed suitable resolutions in reference to his untimely decease and the loss of his efficient services.

DR. SAMUEL D. GROSS.—The remains of the late Dr. Gross were cremated at Washington, Pa. They were brought back to Philadelphia under the escort of the family and friends of the distinguished physician. The ashes weighed about seven pounds, were hermetically sealed in a tin box, and placed in the coffin in which the body was carried to Washington. On reaching Philadelphia the coffin was removed to the late residence of Dr. Gross, and subsequently the ashes were inclosed in a marble urn about three feet high, unornamented and without inscription, and placed beside the coffin of Dr. Gross's late wife in the family vault at Woodland Cemetery. Rev. Dr. Charles Currie read the Episcopal burial service at the cemetery.

POTASSIUM CHLORATE AND MURIATIC ACID.—When the two chemicals are prescribed together in a watery vehicle, there are two ways of dispensing the mixture. One is to dissolve the chlorate in the menstruum, without heat, and to add the acid last. In this case no decomposition takes place, and the solution presents simply the medicinal properties of the original ingredients. But if heat is applied, or if the pure acid is poured on the chlorate in the empty bottle, and the watery liquid is added after the chemical reaction has taken place, the result is a solution of chlorine and chlorine compounds, substantially equivalent to ordinary chlorine water.

LIEBIG'S INFANTS' SOUP.—According to Meffdorsky (*Pharm. Zeitsch. J. Russ.*) this food can be thus prepared: Take 480 parts of freshly-ground wheat flour, not the finest; 480 parts of ground

malt; 15 parts of bicarbonate soda; mix with 960 parts of water and 4,800 of milk. Stir well over a gentle fire till the mixture begins to thicken. Then remove the mixture and stir well for five minutes. Heat again, and when it next begins to thicken raise the heat till the mixture just begins to boil. Then pass through a fine strainer, so that the husks may be removed. The food is sweet enough without additional sugar. It will keep for twenty-four hours.

A NEW DEFINITION OF INSANITY.—A few weeks since a disconsolate citizen called at our office for advice about his wife, saying that she was crazy. Upon being asked how he knew she was crazy, and what her symptoms were, he promptly replied as follows: "Her head gets twisted up with ideas, and then she kind of gets mad at her own thoughts, and fights it out with somebody else." Who has done better? (*American Psychological Journal*.)

THE MEDICAL INDEX.—This is the name selected by the editors of the *Kansas and Missouri Valley Medical Index* and the *New Medical Era and Sanitarian*, for the journal in which both the above named publications have been merged. The editor, Dr. J. B. Browning, has as co-editors Drs. F. F. Dickman and U. A. Drake. We wish the new candidate for public favor a long, prosperous, and useful career.

THE therapeutic effect of boldo leaves, imported from Chili, is claimed to be similar to that of coco. In the hospitals of Paris it has been used with perfect satisfaction in affections of the liver and in gall-stones. The drug is best administered in the form of a concentrated tincture or elixir that contains all the active principles.

DIFFUSION OF SYPHILIS BY A MIDWIFE.—Dr. Kline reports that thirty married women, nine husbands, and two infants contracted the disease directly or indirectly from a diseased midwife. (*British Medical Journal*.)



AMERICAN MEDICAL ASSOCIATION.—The following are the officers for the ensuing year: President, Henry F. Campbell, Georgia; Vice-Presidents, J. S. Lynch, Maryland, S. D. Mercer, Nebraska, J. W. Parsons, New Hampshire, H. C. Ghent, Texas; Treasurer, R. J. Dunglison, Pennsylvania; Librarian, C. H. Kleinschmidt, District of Columbia; Chairman of Committee of Arrangements, S. D. Logan, New Orleans; Assistant Secretary, W. H. Watkins, New Orleans. Place of meeting, New Orleans, last Tuesday in April, 1885.

AMERICAN SURGICAL ASSOCIATION.—Officers for 1885: President, William T. Briggs, M. D., of Nashville, Tenn.; Vice-Presidents, J. C. Hutchison, M. D., of Brooklyn, N. Y., and E. H. Gregory, M. D., of St. Louis, Mo.; Secretary, J. R. Weist, M. D., of Richmond, Ind.; Treasurer, John H. Brinton, M. D., of Philadelphia; Recorder, J. Ewing Mears, M. D., of Philadelphia; Council—Henry F. Campbell, M. D., 1885; Hunter McGuire, M. D., 1886, P. S. Conner, M. D., 1887; J. S. Billings, M. D., 1888.

NOTICES of the Proceedings of the American Medical Association, of the American Surgical Association, and of the Association of American Medical Editors, which were prepared for this number of the journal have been crowded out, but will appear in the July issue.

CHEVREUL, the celebrated French chemist, discoverer of the composition of fats and many other secrets of chemistry, was ninety-eight years of age on the 1st of September. His mental faculties are intact.

ARTIFICIAL OYSTERS are supplied to the Paris markets, according to the *Union Médicale*. They are colored by means of copper, and are cemented to the interior of old shells.

REVACCINATION has been made obligatory in all the colleges and lyceums in France.

# In Memoriam

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WITHIN THIS URN LIE THE ASHES OF

SAMUEL DAVID GROSS

## A Master in Surgery

His life, which neared the extreme Limits of the Psalmist,  
was one unbroken process of Laborious Years.

He filled Chairs in Four Medical Colleges in as many States of the Union,  
and added Luster to them all.

He recast Surgical Science as taught in North America,  
Formulated anew its Principles,  
Enlarged its Domain,  
Added to its Art, and imparted fresh Impetus to its Study.

He Composed many Books, and among them

## A System of Surgery

Which is read in different tongues, wherever the Healing Art is practiced.

With a Great Intellect, carefully trained and balanced,  
He aimed with undivided Zeal  
At the Noble End of Lessening Human Suffering  
and Lengthening Human Life,  
And so rose to the Highest Position yet attained in Science  
by any of His Countrymen.

Resolute in Truth, he had no Fear, yet he was  
both Tolerant and Charitable.

Living in Enlightened Fellowship with all Laborers in the  
World of Science,  
He was greatly Honored by the Learned in Foreign Lands  
and deeply Loved at Home.

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*BEHIND THE VEIL OF THIS LIFE THERE IS A MYSTERY WHICH  
HE PENETRATED ON THE*

**Sixth day of May, 1884**

HIS MEMORY

Shall Exhort and his Example shall Encourage and Persuade  
those who come after him to Emulate Deeds  
which, Great in themselves,  
Were all Crowned by the Milkwhite Flower of a

**Stainless Life**













